MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-	N)	1		08473	CERTIF	ICATE OF	DEATH	08469		
er death	the funeral ages 1 and s after deat			CE OF DEATH Harfor	A MARY	0. 5		here deceased lived, if institution b. COU		re admission)
ours aft	n by the fune s. Pages 1 a hours after d			ITY OR TOWN (if autside chrydrate limits write RURAL and give negres town)	race Jaa	40 /	Have	side corporate limits, write RL	IRAL and give near	112322
in 24 hi	paper paper nin 72	6		AME OF HOSPITAL OR INSTITUTION OF THO	Memorial	d. STR	9065	: Hdams	St.	e IS RESIDENCE ON A FARM? YES NO
the death certificate be executed within 24 hours after death	n de le		3. NAI DEC (Typ S. SEX	ME OF EASED SE A 6. COLOR OR RACE	nley MACE	Barr B B. DATE	e 11	4. DATE Mor OF DEATH 9. AGE (In years	J IF UNDER 1 YEAR	y Year 1966 TIF UNDER 24 HRS.
execut	and camp remave in any eve			MW	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	- Aug.	12,189	2 (ast birthday) yrs.	Manths Days	Hours Min.
ate be	an an an		during	UAL OCCUPATION (Give kind of work done nost of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	man D	EL,	State, ar faleign country)	12. CITIZEN O COUNTRY	
certifico			13. FA	THER'S NAME Philip	Barrett	14. MO SA	RAH E	LIZABETH	MACE	
death	는 는 는		15. W (Yes, n	AS DECEASED EVER IN U.S. ARMED FORCES? b, or unknown) (If yes give wor or days of ES WORLD WAR	16. SOCIAL SECURITY NO. (Service) 2.12-28-906.	3/Nos.ELI			LAURE DEL	
nat the			T fa	CAUSE OF DEATH (Enter only one cour PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	se per line for (o) (b), and (c).)	nsuta	Costa			TERVAL BETWEEN NSET AND DEATH
requires that ig physician.	signed by the burial-transit burial, crema			nditions, if ony, which gove a to immediate couse (a),	6) Circhal (remore	Ram			
law req				iting the underlying cause	(c)		1			
4: The law re ar attending	ficate has for use as Health pri	0	ATION P	RT II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE CONF	DITION GIVEN IN PART 1(0)		WAS AUTOPSY PERFORMED? YES NO
	certificate has been thed far use as the ot, af Health priar to		E 6	O. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OF	CCURRED. (Enter na	ture of injury in P	ort ! or Port II af item 18.)		
the ha	ifter this cert be detached State Dept. a		MEDICAL	c. TIME OF INJURY Manth, Day, Yeor Hour o.m. p.m. 19	20d. INJURY OCCURRED While Nat While ot work Ot wark	20e. PLACE OF INJ foctory, street	URY (Hame, farm, t, affice bldg., etc.)	20f. (City or town)	(County)	(State)
rendin	R: After ruld be d the State	1		21. I certify that (1) (this has saw the deceased alive an	pital) attended the deceased	fram <u>J3 ~</u> and that death	accurred at_	to 6-21- M, fram causes	and an the da	hat (I) (we) la: te stated abave
OR AT	RAL DIRECTOR: A page 3 shauld be filed with the		2	20. SIGNATURE QUESTION	Louis My	M.D. PHY	S.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGN	
PITAL may b	ERAL D	1	2	PHYSICIAN'S NAME (Type) A.L.L	EWIS	320	Jame a	& Grace 7	n)	
TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the haspital	director, page 3 shauld shauld be filed with the	8		URIAL, CREMATION, 23b. DATE THE EMOVAL (Specify) URIAL JONE A			EM.	HAVRE DE	awn) (Caunty	R FER Sote)
_	VR A15 (4)	0	24 F	INERAL DIRECTOR	- 4 ADDDECC	PAFFMI	2Sa. REC'D	BY REGISTRAR 256. R	Clarles	ingge.

AF CTATISTICAL DESEADOR

A	-	DIVISION OF STATISTICAL	CENTIEL ATE		DALIMORL, MARIE	1 S A 7 D
A.		08480	CERTIFICATE			10470
		PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (When	re deceased lived, if institution b. COUN	in: Residence before admission)
		HARFORE	MARYLAND	Md		Harterd
	9	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c, LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside	e carparate limits, write RUR.	AL and give nearest town)
	1	THURE de CORACE		Tylesv	ille	12.1
,	6	NAME OF HOSPITAL OR INSTITUTION (If not in h	aspital, give stréet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
6	1		ORIAL HOSPITAL			YES NO
1		NAME OF DECEASED	Middle		OF Manth	11
)	S. S	(Type or print) E-F-16	Habita El maria manara El S	BEALE	DEATH OUA	IC 25 1966
1	300	1.1	MARRIED NEVER MARRIED	DATE OF BIRTH 877	9. AGE (In yeors tast plirthdoy)	Months Doys Haurs Min.
	10.	USUALOCOUPATION (Give kind of work done	IOD. KIND OF BUSINESS OR	11, BIRTHPLACE (County & St	ato at faraign country)	12. CITIZEN OF WHAT
	duH	ing matel working life, even it retire)	INDUSTRY	11, BIK IHI DACE (COOKING & SI	are, or lareign cashing)	COUNTRY? () S
	13.	FATHER'S NAME		14 MOTHER'S MAIDEN NAM	E a	
	1	Elmer (11	riman.	Isabel	Ash	
		WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Addres	S MA
	(Ye	s, no, or unknown) (If yes give war or dates of servi	"B20-44-6498/h	cresq Fred	en///lev	VIIIe, Md.
		18. CAUSE OF DEATH (Enter only one couse per	r line for (a), (b), and (c).)	· 4.0	266	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(Radea 8	Tacker	e-Caccaj	SNSET AND DEATH
		4500 DUE TO	12-1-	. 6 for 1	analas de	see See I
		Canditians, if any, which gave (b)	Ler Lesco P	elevoter f	unalar ac	cease efection
		stoting the underlying cause				1
		(c)	AND THE REAL PROPERTY OF THE PARTY OF THE PA	UE PENADUAL DISCLES COUNTY	ION ONTH BURNET MA	19- WAS AUTOPSY
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	1/1	HE/TERMINAL DISEASE CONDITI		PERFORMED?
0	100	200, ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED.	Enter nature of injure in Part	al Filter Della 10)	rouse YES NO
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	ZUD. DESCRIBE HOTY INJURY OCCURRED.	enter notice of injuly in roll	or Port it of item 16.]	(
	ਭ	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form,	20f. (City or town)	(County) (State)
	MEDICAL	Hour a.m.	While Not While facto	ary, street, office bldg., etc.)	Zor. (City dr Town)	(40011)
		p.m. 19 21. I certify that (I) (this haspital)	atwork L atwork L	Tula 19 19 6	66 to Stane	251966 that (1) (we) las
		saw the deceased alive an Jun	1 e 2 5 19 66, and that	death accurred at	30 M, fram causes of	and on the dote stated above
		220. SIGNATURE	0 1	ATTENDING S. P. MI	A	22b. DATE SIGNED
1		(harles -	- tolly / M.C	PHYS. DIR	RECTOR PHYS.	
1		22c. PHYSICIAN'S NAME (Type)	J. / Folev	22d. ADDRESS	TURE dE	FRACE Mil
	234	BURIAL CREMATION / 236. DATE THEREOF	2321 NAME OF CEMETERY OR		23d. LOCATION TORY or Joy	in) (County) (State)
B	1	REMOVAL (Specify) / 10/3 2/6	6 Marcland	Th. Cem	129/1	more, Co
0	24	FUNERAL DIRECTOR	ADDRESS	250. REC'D BY		GISTRAR'S SIGNATURE
6	4	conard J.1145/11	10 -3305 Martor	4/1 DATE	JN 29 1956	Icharles Judge

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Dept of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after deather. Page 4 may be retained by the haspital or attending physician.

WELDE THE STATE OF The second of

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08481 CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) in by the funeral g. COUNTY a. STATE b. COUNTY MARYLAND CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town) write RURAL and give nearest town) 81 STACE d. STREET ADDRESS INSTITUTION (If not in hospital, give street address) filled WIT 3. NAME OF First Lost DATE Month and campletely i DECEASED 855 DEATH (Type or print) 9. AGE SEX 7. MARRIED NEVER MARRIED (In years birthdoy) WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done burial-transit permit. Then pleases burial, cremation, or remaval, and in during most of working life, even if retired) physician of please 13. FATHER'S NAME attending permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? No SOCIAL SECURITY NO 17. INFORMAN Address (Yes, no, grunknown) (If yes give wor ar dates of service) KASMUSSEN ALOUC 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Buelikis & ASEVD Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying couse prior to l peen the SD has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION of Health deriaval of muce certificate 285, DESCRUBE HOW INJURY OFFURRED, (Enter nature of injury in Part I ar Port II af item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) Hour a.m. factory, street, affice bldg., etc.) While Nat While at work TO FUNERAL DIRECTOR: After at work 1966, to Love 19, 1966 that (1) (we) lost 2). 1 certify that (1) (this haspital) attended the deceased fram IVIAY T be retained director, page 3 should should be filed with the saw the deceased alive an JUNE 19 166, and that death accurred at 3 12 M, from causes and an the date stated above. 22a. SIGNATURE M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS Page 4 may b 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREO! REC'D BY REGISTRAR

VR A15 (4) 20 M 1/66

within 24 haurs after death

executed

that the death certificate be

ATTENDING PHYSICIAN: The law

REGISTRAR'S SIGNATURE

(County)

22b. DATE SIGNED

(County)

e. IS RESIDENCE ON A FARM?

19 0

IF UNDER 24 HRS

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO

(State)

(Stote)

Doy

1 YEAR

Days

IF UNDER

NO X

DATE THEREO

NAME OF CEMETERY OR CREMATORY

BELAIR MEMORIAL GARDENS

June IF UNDER Manths Days 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? NO (County) (Stote) Inquiry X ond in my opinion Undetermined monner 22. DATE SIGNED Bel Air. Md. 5-5-66 LOCATION (City or Town) (County) (Stote)

Harford

e. IS RESIDENCE ON A FARM?

YES NO T

VR ATSMETS

0

BURIAL, CREMATION

REMOVAL (Specify)

DURIAL 24. FUNERAL DIRECTOR

67130 • 25 12000 - -.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY ond 3 ta P.M.3. Page Harford Maryland of o MARYLAND delay Department CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Aberdeen. (Rural) Havre de Grace d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS form Item 18. Give Pages 1, haurs Harford Memorial Hospital Route 3, Box 209-A State | be executed within 24 haurs after death. alang with 3 NAME OF Middle 4. DATE First DECEASED WILLIAM WOODROW BROWN within (Type or print) June DEATH with S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthdoy) Male Cau 15 March 1950 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Cecil County, Md. in pencil in Chief Medical Examiner 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Iris L. Price Roy E. File Brown and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes give war or dates of service) permit. remayal Rov E. Brown. Aberdeen, Maryland 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) burial-transit PART I. DEATH WAS CAUSED BY 10 IMMEDIATE CAUSE (o) This certificate shauld writing the ward burial, crematian, DUE TO Conditions, if any, which gave (b) rise to immediate couse (a). farwarded to DUE TO stating the underlying couse 0 lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION 10 90 should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item IB.) its designated agent, priar 3 shauld PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. EXAMINER: 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) Hour o.m. Not While may be retained far your FUNERAL DIRECTOR: Page Forest Green Beach Aberdeen ot wark Page at wark please execute 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X, Inquiry X the funeral directar. Accident 🗖 death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER 6-30 ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** Gerald C. Palmer. M.D. NAME (Type) Address (Street, city, town, or county) Bel

23c. NAME OF CEMETERY OR CREMATORY

Funeral Home

Aberdeen. Md.

VR A15ME (5) 6M 1/66

0

23o. BURIAL CREMATION

23b.

Tarring

23d. LOCATION (City or Town) Bel Air Memorial Gardens. Bel

2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1966

Harford

e. IS RESIDENCE ON A FARM?

YES NO XX

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

and in my opinian

(County)

NO T

(Stote)

(Stote)

Md.

66

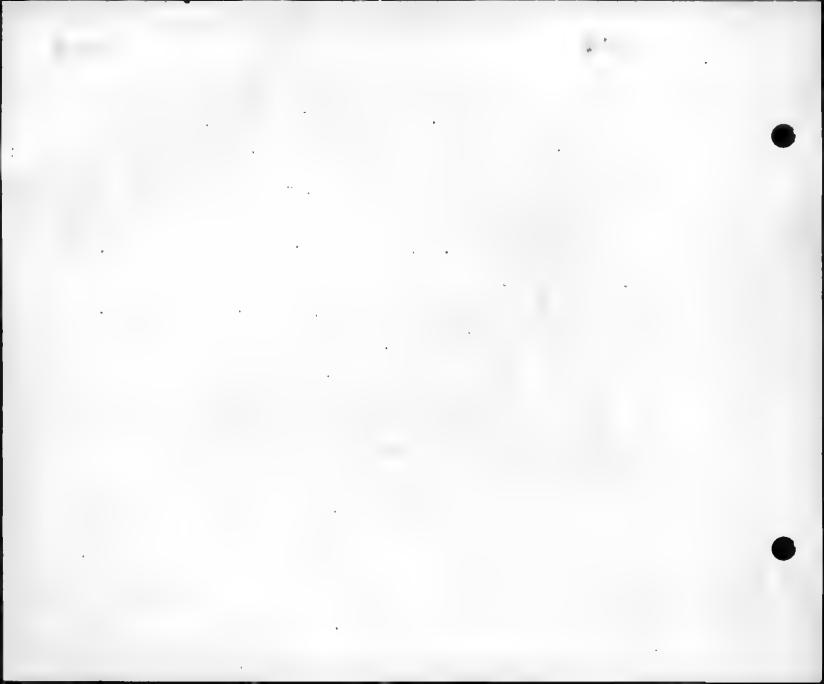
Notes and a second - The second of the production of

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 001.84 CEDTIFICATE OF DEATH

08484	CERTIFICATE	OF DEATH		08474
i. PLACE OF DEATH o. COUNTY HAR for d	MARYLAND	2 USUAL RESIDENCE (Where o. STATE	deceased lived, if institut on b. COUNTY	Residence before admission) HACTORD
b. CITY DR TDWN (if outside corporate I mits, write RURAL and give nearest town) d. NAME ON HOSPITAL DR INSTITUTION (if not in it	c LENGTH DF STAY IN 16	d. STREET ADDRESS	corporate limits, write RURAL	and give nearest town) ,' e is residence On A FARM?
Hortord Memorie		Upper Ci	OST KOAC	Z YES NO X
3 NAME OF PURSON THE STATE OF	Momas B	urkett	DATE OF DEATH 9. AGE (In years IF	Doy Year J 1966 UNDER I YEAR THE UNDER 24 HRS
MAle White W	IDOWED DIVORCED A	pril 7,188	3 lost birthdoy) Mi 83 yrs.	onths Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done during most of working life even if refired) Farmer (retired)	lob kind of Business or INDUSTRY Gen. farming	Ashe County & Sto		COUNTRY?
13. FATHER S NAME		14. MOTHER'S MAIDEN NAME		
George Burkett		Katie W		
(Yes, no, or unknown) (If yes give war or dotes of serv	ice	MFORMANT Man Burkett	Hanor Address Baldwin,	
18 CAUSE OF DEATH (Enter only one couse of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE OF DUE-TO		eumonia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause as to:	Arteriosclen	ecompens olic Can	diovascula	Descesse (?)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITIO	ON GIVEN IN PART ?(o)	19, WAS AUTOPSY PERFORMED? YES NO X
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED	Enter noture of injury in Port	l or Part II of Hem 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o m. p.m. 19		E OF INJURY (Home, form, ory, street, office bldg, etc.)	20f. (City or town)	(County) (State)
21. I certify that (I) (this haspital saw the deceased alive an <u>s</u>) attended the deceased fram N.C. 244-1966, and that	death accurred at 11	6, to JUNE 24 PLM, fram causes and	_, 19 <u>45</u> 6, that (I) (we) las I an the date stated abave
220. SIGNATURE	Horams M.			226. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Felicity Q	e. Loom.D.	22d ADORESS Taure	de Grac	a fiel.
230. 8URIAL, CREMATION, 23b. DATE THEREOF			23d LOCATION (City or Town)	(County) (State)
Burial 6/2//19	366 Bel Air Mem	Gardens 250, RECD 8Y		Maryland
24. FUNERAL DIRECTOR Charles E. Kurtz	Jarrettsville.	11111		liarles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial and completely filled in by the funeral director, page 3 should be detoched far use as the burial-transit permit. Then please—emove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

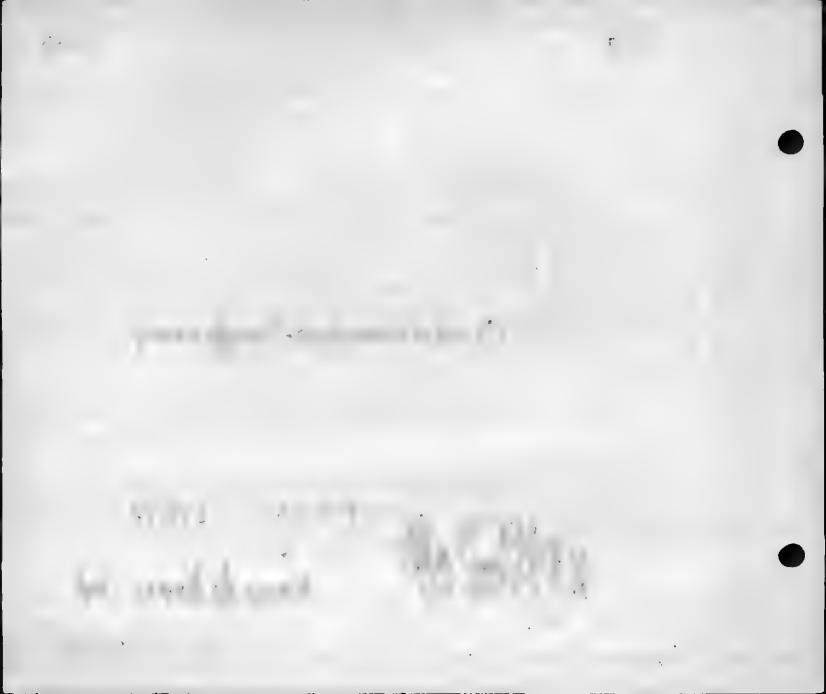
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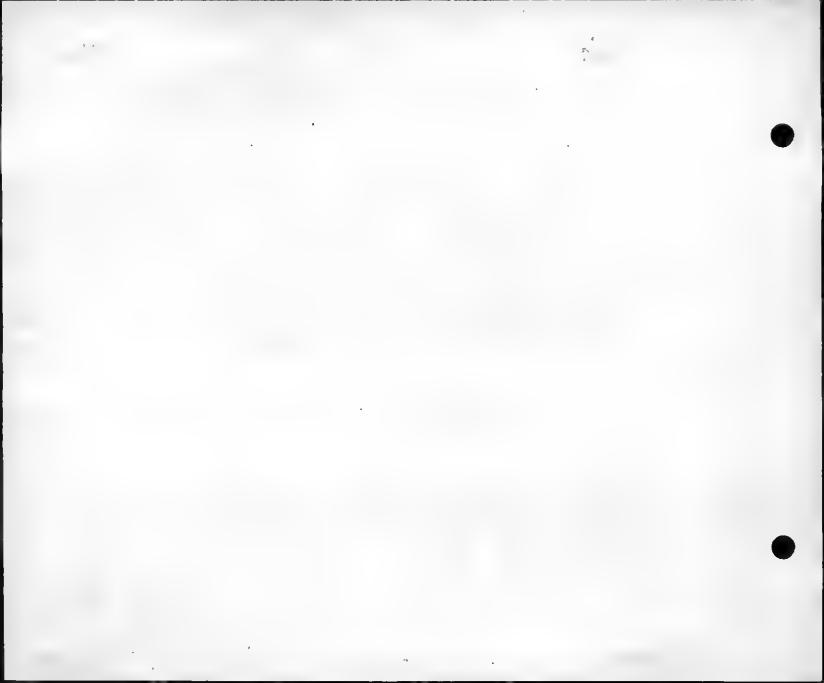
1	MARYLAND STATE DEPARTMENT OF HEALTH Division of Statistical Research and Records, 301 W. Preston Street, Baltimore 1, Maryland
FOR STATE	08485 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08175
HEALTH DEPT.	PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. STATE b. COUNTY
0 +	MARYLAND /VC
is necessary, o the funeral e 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
necessary he funera 5 may b epartmen	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 0. IS RESIDENCE
Stage 32 the safe	Hay Menistayeller Box 360A. RD3 VES NO
22 77	3. NAME OV . First . Middle Lest 14. DATE Month Day Year
PM3.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 17EAR FUNDER 24 HRS. 19 19 19 19 19 19 19 1
eath. If ar Pages 1, 2 In form P Id 2 with Int within	WIDOWED NOTICED AUG. 11 1879 86 yrs. Months Days Hours Min.
des Para lith ent	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
after ding will be a lar	TRUCK DRIVER TETIRED MD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (4.5. A
	JOHN E. CLOMAN CORNELIUS ALLENDER
252 (三)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT // Address /3 & / Address /3 & / ADD.
within pencil miner's permit	(Yes, no, or unknown) (If yes give war or dates of service) 218-18-1596/// MARICY M. RURKINDINE, IR. D. #3 130x360A
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (b).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
	DUE TO P A COMMENT
be ey pend Medic Medic emati	Conditions, if any, which gave rise to immediate (b)
ould "rd "ief ?	cause (a), stating the DUE TO underlying ceuse last. (c)
the certificate, writing the word "pendin the certificate, writing the word "pendin 4 should be forwarded to the Chief Medical riles. CTOR: Page 3 should be used as a burial-trice designated agent, prior to burial, cremation	THE PROPERTY OF THE PROPERTY O
tifica g th to tl	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20a. EXTERNAL CAUSE WAS PRIMARY BOY CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury In Part I or Part II of Item 18.) FURTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.
R: This certificate, writing forwarded to 3 should be agent, prior 1	
te, Thi forwa s sho gent,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work at work at work of the work of t
EXAMINER: certificate fould be for les. R: Page 3 : ignated ag	Hour a.m. 6 /4 19 While Not While at work at w
EXAM cer nould les. IR: P signa	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
ute the ge 4 sl your fi your fi the dec	ACTUAL TO ALL CONTROL OF ASSISTANT MEDICAL EXAMINER () SOLATE SIGNED
Y MEDII execute Page I for you IAL DIRE	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSI
TTV e ex tor. ned f NERAL	EXAMINER'S Gerald Claim to Address (Street, city, town, or county)
TO DEPUTY MEDICAL EXAMINE please execute the certific director. Page 4 should be retained for your files. TO FUNERAL DIRECTOR: Page of Health or its designated	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 130 RIAL JUNE 27 1966 ST-JOHNS EPISCOPAL CH. YO HAR FORD O. MO
- F	24. FUNERAL DIRECTOR A ADDRESS ADDRESS ADDRESS AND 258. HEGISTRAN 250. REGISTRAN 250.
VR A15ME 3500 4-64	R. MADISON MITCHELL HAVREDEGRACE DATHUN 28 1968 Januaries Jung



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 08486 CERTIFICATE OF DEATH funeral should funer PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, if institution: Rasidence before admission) e. COUNTY by the sand 2 death. b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town) write, RURAL and give nearest fown) ___ within Pages DEGRACE filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? papers. in 72 ho YES NO NAME OF First Middle Last DATE Month Day Year á. DECEASED OF (Typa or print) DEATH 19 EN withi carbon 5. SEX OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH and NEVER MARRIED last birthday) Months WIDOWED K DIVORCED геттоме 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPEACE (County & State, or foreign country) done during most of working life, even if retired) FARN -ARMER ding/ph .⊑ 13. FATHER'S NAME MOTHER'S MAIDEN NAME Then removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyas giva war or datas of servica) permit. 18. CAUSE OF DEATH |Enter only one cause per line for signed by INTERVAL BETWEEN ö ONSET AND DEATH PART I. DEATH WAS CAUSED BY cremation, IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise lo immadiale cause **DUE TO** (a), stating the underlying (c) Se PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY 2 CERTIFICATION PERFORMED? nse prior NO 20a ACCIDENT WAS UNDERLYING [7] R: After this detached for 20b. DESCRIBE HOW INJURY OCCURRED, (Enlar nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) 6 factory, streat, office bldg., atc.) Whila Not While Hour a.m. State Dept. c al work at work 6., 19...., that (I) (we) lastM, from the causes and on the date stated above. saw the deceased alive on 2, and that death occurred at 22a. SIGNATURE 22b. DATE ATTENDING SIGNED death. Page 4 page PHYS. DIRECTOR PHYS. HOSPITAL M.D. 22c. PHYSICIAN'S 22d. ADDRESS filed v NAME (Type) EAL 23d, LOCATION (CITY. 23a, BURIAL, CREMATION, 1 23b. NAME OF CEMETERY OR CREMATORY (State) town or county O B REMOVAL (Spacify) 5 24 FUNERAL DIRECTOR'S ADDRESS VR A15 (4) 20M S-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 havrs after death and depth the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE h COUNTY MARYLAND b CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 c, CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and give nearest town) PP e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .⊆ d STREET ADDRESS in any event, within 72 filled YES 🗍 NO 🔀 Middle DATE NAME OF First Month Day Year OF DEATH DECEASED (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Manths Days Haurs WIDOWED DIVORCED 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if refued) 13 FATHER 5 NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT (Yes, na, ar unknown) ((If yes give war ar dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause has been 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO TO FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, office bldg., etc.) While Nat While at wark 21. I certify that (1) (this haspital) attended the deceased fram___ , 1966, to 6 - 23 , 1966 that (I) (we) lost b**■** retained 1966, and that death accurred at 1242M, fram causes and on the date stated above. saw the deceased alive an.... 22a, SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** O HOSPITAL OR director, page 3 shauld be filed v DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 569 Revolution St. House 23d LOCATION (City or Town) DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 25b. REGISTRAR'S SIGNATU 25a. REED BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 08488 CERTIFICATE OF DEATH within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o COHNTY **L COUNTY** MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 15 write RURAL and give nearest tawn IS RESIDENCE completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address NO X NAME OF Middle DECEASED OF DEATH in on yearent, (Type or print) executed FUNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE DATE OF BIRTH AGE In years 7 MARRIED **NEVER MARRIED** Last birthdoy) Doys WIDOWED DIVORCED Feb. 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote or foreign country) 12 CITIZEN OF WHAT the death certificate be Taxi-Cab Service, during most of working life, even if retired)
Taxi-Cab Owner U.S.A. Wilkes Co., N.C. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or removal Ellen Gentry Tyre Crabb 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service Bel Air, Md. 7-05-621 Nondice Crabb. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART ! DEATH WAS CAUSED BY: signed by the burnal-tronsit ONSET AND DEAT requires that IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse hos been last. WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? tor use Heolth g NO 20o ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not Whiledirector, page 3 should be de should be filed with the State TO FUNERAL DIRECTOM: After 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an recol to the 1966, and that death occurred attiend white the date stated above. 22o, SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR M.D. PHYS PHYS 22d. **ADDRESS** 22c. PHYSICIAN'S TO HOSPITAL NAME (Type) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) 6/18/66 Bel Air Memorial Gardens, Bel Tarring Formeral Home 2Sb. 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Aberdeen, Maryland Webster B. Macomber Sr.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TATE	1	AC483 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 08479
DEP)	1. PLACE OF DEATH O COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Silvaryla nd b COLNTHAT ford
with the State Department within 72 hours after deat		b (ITY OR TOWN (f outside carporate limits, write RURA, and give nearest fown) Aberdeen 6 years	C CITY OR TOWN (if outside carporate I mits, write RURAL and give nearest town) Aberdeen
te Depar	,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Kirk Army Hospital APG	d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \sum NO \sum
the Sta In 72 h		3 NAME OF Fist Middle DECEASED (Type or print) Lillian Lummus Crawford	Lost 4 DATE Month Doy Year OF DEATH June 6, 19 66
		S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 Female White WIDOWED K DIVORCED 2	8 Aug 92 73 rthday) Months Days Haurs Min
pages land in ony event		Da. USUA. OCCUPATION (Give kind of wark dane during most of working life, eyen if refired) HOUSEWITE 10b KIND OF BUSINESS OR INDUSTRY HOME	Cass County, Texas 12 CITIZEN OF WHAT COUNTRY? U.S.A.
File		13. FATHER S NAME David G. Lumis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	Elizabeth Ann Weatherford Formant Address
onsit permit.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) fulf yes give war ar dates of service) (16. SOCIAL SECURITY NO. 17. II (Yes, no, or unknown) fulf yes give war ar dates of service) (16. 3-30-34-91F.	K. Grant 105 APG, Maryland
used as a burial-transit permit. burial, cremation, ar removal		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (c)	ONSET AND DEATH
9 0	2	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T 200 EXTERNAL CAUSE WAS PRIMARY II OF CONTRIBUTING II CAUSE OF DEATH	PERFORMED? YES \(\square\) NO \(\square\)
ould prior			Enter noture of in ury in Part I ar Part I of Item 18)
your age		Hour a.m. p.m. 19 While Not While of wark	E Of INJURY (Hame, form, Poly (State) (State) (State) (State) (State)
5 may be retained for your file. O FUNERAL DIRECTOR: Page 3 sh Health or its designated agent,	<i>k.</i>	21. I certify that I taak charge of the remains described above, held death resulted fram: Natural causes . Accident . Suice ACTUAL SIGNATURE . Lawle & Palmer . EXAMINER'S RAME (Type) 6-6-7-1 cd & Palmer . ACTUAL . ACT	de , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER BOL A 12 DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, tawn, or county)
70 F. Head		230 P. Bland C. C. Marke of C. Market	emetery Atlanta, Cass Co., Texas
A15ME (5) 6M 1/66		Tarring Fuheral H. Tarring Fuheral H. Aberdeen, Maryand	DATE 25 UND BY REG STORES 25 CRECKER A CALE IN THE DATE

VR A15ME | 6M 1/66

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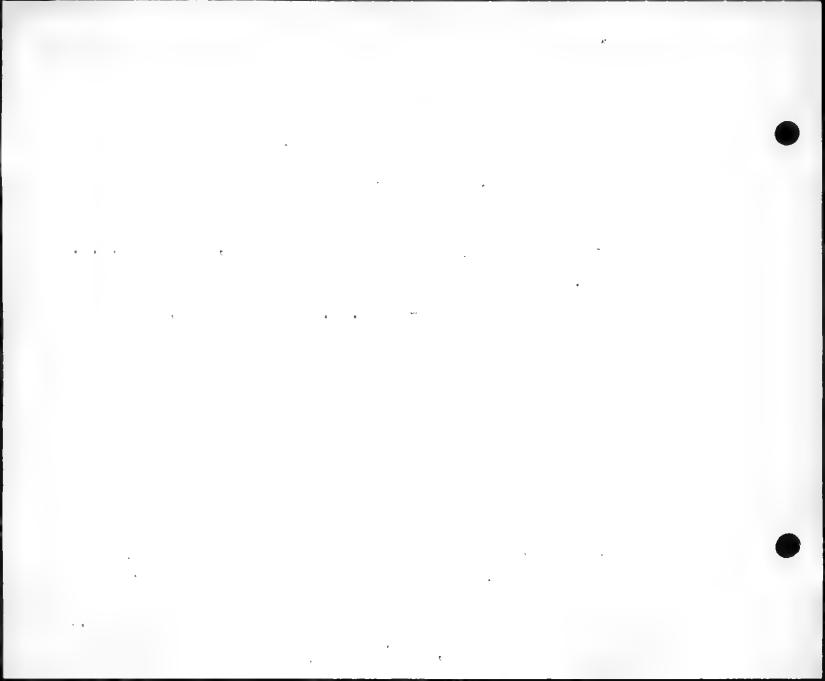
8. Give Pages 1, 2, and 3 to

Tee J

delay is

TO DEPUTY MESCAL EXAMINER: This certificate should be executed within 24 hours ofter deoth if

necessary, please execute the certif.cote, writing the word "pending" in pencil in Item. the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's

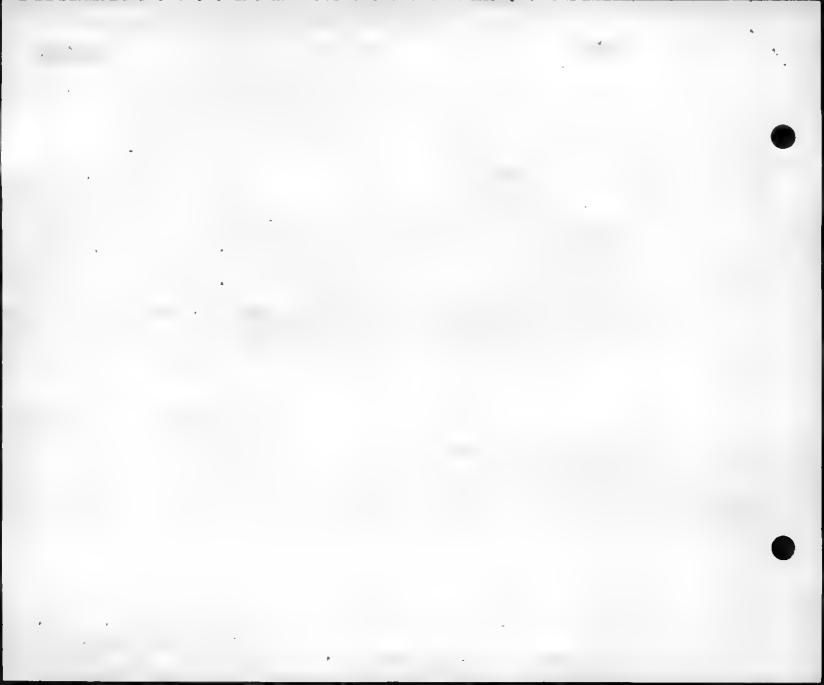


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		00%0)		CERTIFI	CATE	OF DEATH			0	8480	
		PLACE OF DEATH O. COUNTY	rford		MARYL		a. STATE	1d	b. COUNTY	HA	rtore	(
	1-	Write RURAL and	outside carparate limits, give nearest town) OC (O PACO LL OR INSTITUTION (If not		c. LENGTH OF STAY IN 10 6 CS		d STREET ADDRESS	deen deen	,	ond give	e IS RESID ON A FA	ENCE
(1)	L	Artord	Memori	AL I	tospita.		2224	arke	Street	<u> </u>	YES 🔲	
		NAME OF DECEASED (Type or print)	BAR	Y Ll	RAY	E	I I I S	4. DATE OF DEATH	JUNE Manth	2 6	Day Yea	66
	1	SEX VAPE USLAL OCCUPATION	6 COLOR OR RACE White Kind of work done	7 MARRIED [WIDOWED [NEVER MARRIED DIVORCED D OF BUSINESS OR	UQ	une 24.	1966	ast brinday) A		YEAR IF UNDER Days Hours 11	Min
	den	ing most of working		IND	D OF BUSINESS OR		Harford	Co, Ma		7.70111	S.A.	
	13	FATHER'S NAME			?		14. MOTHER'S MAIDE	N NAME 18. I. E.	llis			
	15 (Ye	WAS DECEASED EVER s, no, or unknown)	R INUS ARMED FORCES? (If yes give war ar dates af	Ceruice	N/A		formani spital R		Address	de	Grace,	Md.
		18. CAUSE OF DE PART I. DEAT Canditians, if any, rise to immediate stating the under last.	lying couse DUE T	0 1	a), (b), and (c).)	64.51	7				INTERVAL BETV ONSET AND DI	
-	CERTIFICATION		GNIFICANT CONDITIONS CO								19. WAS AUTO PERFORME YES	PSY D? NO
		2Do. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	205. DESI	CRIBE HOW INJURY OCC	LUKKED. (nter nature at injury	in Part I ar Part II	of item 18.)			`
	MEDICAL	Haur alm pla	19	While at work	Not While of wark	facta	Of INJURY (Hame, for ry, street, affice bldg., e	tc.)	Lity or tawn)	(Саил		State)
		saw the de	y that (1) (this hasp ceased alive an	ital) attend	ed the deceased f 2 <u>S_1966</u> , a	ram_ <u> </u>	death occurred	, 19 <u>66</u> , ta <u>.</u> at <u>5 49</u> M, 1	from causes an	id an the	e date stated	ve) last abave.
			171300	, Mo	adesek	M.D		MED. DIRECTOR	STAFF PHYS.		resigned INE261	966
1		22c PHYSICIAN'S NAME (Type)	NIR	84,	NADER	EH	22d ADDRESS					
	230	BURIAL, CREMATIO REMOVAL (Specific) BUX 121	N, 23b DATE THER		23c. NAME OF CEMET Harford		REMATORY Norial Ga		ion (Giy or Town Aberde		County) (St Md •	cie)
1	Contract of the second	Parring	1/09/1	kng/	Aberdeen		2Sa. RE			Clia	MAJURE Jud	ge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death semilicate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages and shauld be filled with the State Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 hours after a page. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

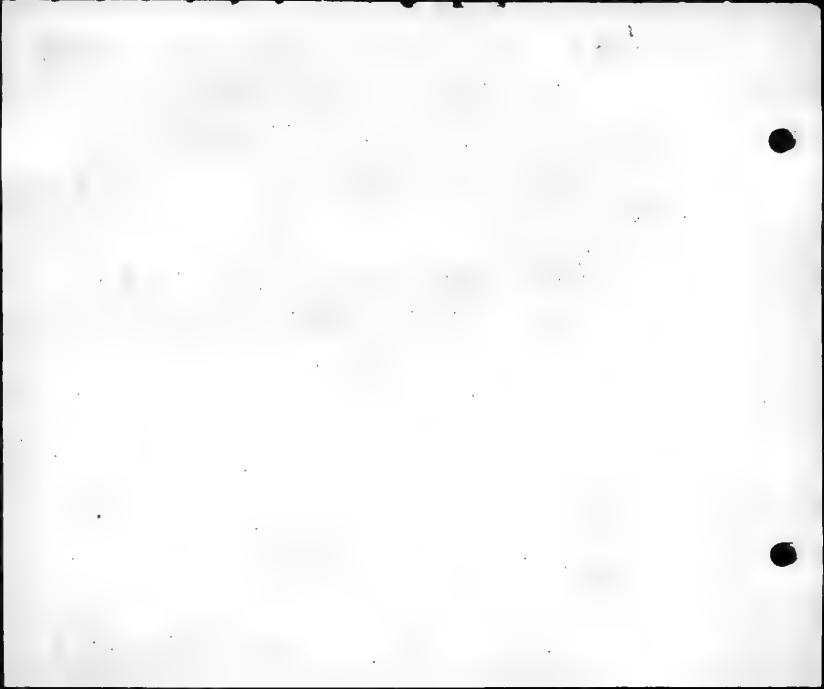
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VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	_	CERTIFICATE OF DEATH	08451
1	1.	a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institute a. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institute b. COUNTY.	
		b. CITY OR TOWN (if outside corporate limits, write Rural and give pearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write Rural and give pearest town)	RURAL end give nearest town)
	#	d. MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	C C IS RESIDENCE
٠	L	turtered Memirial Hispital 232 5. STIKE	ON A FARM?
	3.	OECEASED 4. DE	Day Year
	5.	(type or print) TAKK G. C. S.C.G.K. JUTICA C. DEATH C.	2 1966
1	7	Ast birthday Mor	INDER 1 YEAR IF UNDER 24 HRS. nths Days Hours Min.
	710a	yrs.	12, CITIZEN OF WHAT
1	dur	uring most of working life, even if retired. 100. KIND OF BUSINESS OR INDUSTRY TOCOTY	COUNTRY?
	13.	3. FATHER'S NAME	7
	15		XXXXXX
1	(Ye	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 21.3 = 01 - 8046	+ Thire
-		No 213=01=0040 XILIRA (5mmura) 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	Te Jelleran
1		PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1	- 1	IMMEDIATE CAUSE (a) Thurst Control of the control o	77200
4		Conditions, If any, which (1) Generally led artain sections	15 man
1		gave rise to immediate cause (a), stating the DUE TO	1/21/1
1	2	underlying cause last.) (c) has fine terminal disease condition given in part in other significant conditions contributing to death but not related to the terminal disease condition given in part	15 110 WAS AUTORS
	CERTIFICATION	TARE TO OTHER STORT FIGURE CONDITIONS CONTRIBUTION OF THE FERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
		20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Ite	YES NO:
1	MEDICAL	2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bidg., etc.)	(County) (State)
J	ME		
1			19 that (I) (we) last
1		saw the deceased alive on 196, and that death occurred at 730PM, from the causes and	on the date stated above.
1	1	Carry Attention M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	6-2-66
		22c. PHYSICIAN'S NAME (Type) [Da ARD J. Simon Store If 2 are	Tuf
	23a.	3a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town REMOVAL (Specify)	or county) (State)
		Purial June 4, 1966 Spesutia Cemetery Perryman H	larford Md
		11111 0 1000 001	TRAR'S SIGNATURE
6	1	Howard K. McComas & Son Abingdon, Md. 21009 part N 6 1966 folia	rles Judge



ADDRESS

VR A15ME 5M 1/62

Howard K. McComas & Son, Abingdon, Md.

23. FUNERAL DIRECTOR



TO MODERTAL OR EXTENDING PEYSIEUM. The law inquires that the leath certificate be executed within 14 hours after leath. Page 4 may be retained by the hospital or attending physician. ician and completely filled in by the funeral easterness. Pages 1 and 2 and 1 TO FUNERAL DIRECTOR. After this certificate has been signed by the attenting prisical director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removah and in MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	08497			CERTIFICAT	E OF DEATH	1			1184	83	
1.	PLACE OF DEATH				2. USUAL RESIDENC	CE (Wh	ere deceased lis		m: Residence	before adm	rissien)
	a. COUNTY	Harford		MARYLANO	a. STATE	14		b. COUNTY	Henri	co	
_	b. CITY OR TOWN	V (if outside corporate	limits, c	LENGTH OF STAY IN 1b	c. CITY DR TOWN (II	utsid	e corporate l	imits, write RU	RAL and giv	e nearest	town)
H	write RURAL : Ia vre de	and give nearest town)			Rich	mon	а				
-			(if not in hosp	oltal, give street address)	d. STREET ADDRESS				θ	. IS RESII	DENCE
	Brevin	Nursing	Home		734 1	W.	3.3md.	Stree			NO X
3.	NAME OF	A) Firs		Middle	Last	4.	DATE	Month	Day	Year	
	(Type or print)	Perrie sesse	LIME	Trane	GOETZ		DF D eath	June	20	19 6	66
5.			, MARRIED		8. DATE OF BIRTH		19. AGE (in years IF UN	DER I YEAR	IF UNDER	24 HRS.
	Female	Cau.	WIOOWEO		23 Aug. 1	874	91	Irthday) Mont	lis Oays	Hours	Min.
10a	HISHAL OCCUPATI	ION (Give kind of work do	ne 10b. KINI	D DF BUSINESS OR	11. BIRTHPLACE (C	ounty &	State, or forei		2. CITIZEN	OF WHAT	
ur	Ing most of works	ng life, even if retired) EW11 E	INO	ustry Om e	Ger	ma n	V		COUNTRY U.S		
13.	. FATHER'S NAMI	E	1 11		14. MOTHER'S MAIL		W.		0.00	9 12 9	
	He	enry Trans)		Chr	ist	ine III	phoff			
	. WAS DECEASEDE	VER IN U.S. ARMED FOR	CES? 16. SO	CIAL SECURITY NO. 17.	INFORMANT		2210 01	Address			
(Yı	es, no, or unkown) NO	(If yes give war or dates of s	ervice)	N/A	lbert Goe	t. z	Richr	nond.	Virgi	nia	
-		DEATH [Enter only one	cause per line		TDOT 0 GOO	029	1(2011	donay	INTER	RVAL BET	WEEN
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (2000				ONS	ET AND D	EATH
				010	W X C						
1	Conditions, If any, which (b)										
	gave rise to	Immediate (
	cause (a), st underlying cause	ating the			\			. 1 /			
NO O			C) IS CONTAIBUT	NG TO DEATH BUT NOT REL	ATED TOTHETERMINAL	DISEAS	ECONDITION	GIVEN IN PART	1(a) 19.		
FICAT	DIA	1051 SVB	Un'	GATCOON	164 N7	14	of m	212119	YE	PERFORM S [7]	NO IV
	20a. ACCIDENT	WAS ONDERLYING	20b. DES	SCRIBE HOW INJURY OCC	URREO. (Enter nature o	f Injur	In Part I or	Part II of Iter			
CERTI	DR CONTRIBUTII	NG [] CAUSE OF DEATH IFY MEDICAL EXAMINI	1 [- /						
CAL		NJURY Month, Oay, Ye		URY OCCURREO 20e. PL	ACE OF INJURY (Home, f	arm,	20f. (City or	town)	(County)	(\$1	tate)
500	Hour a.m	٦,	While -	- Not while 1	ory, street, office bldg., 6	etc.)			Α.		
Σ	p.n	A de la constant de l	at work L	at work	Q-11- ,	10	to (r	- DU -1	10/2/2 #	at (I) (w	o) lack
	1 4	y that (I) (this hospi leased alive on	(a) attended	19 / and tha	t death occurred at	40			on the date	at (I) (W	ahove.
	22a. SIGNATUR			allu ula	t death bocured ac	/	historic erro		DATE SIG		-
	, E	MAV W		MAG . M.	D. PHYS.	MED. OIRECT	TOR STA	AFF C /	- 0	-6%	
	22c. PHYSICIA		Andra	V VVVI	22d. ADDRESS	O III LO		to be and t			
	NAME (Ty	Peter Peter	P. Ro	dman, M.D	. 8 Law S	tre	et, A	berdee	n, Mo	l	
23	a. BORIAL, CREM	ATION, 23b. DATE TH		23c. NAME OF CEMETER	Y OR CREMATORY	23	d. COCATION	(City, town o		Q (Sta	ite)
	MDVAL (Spa	(123/	1866	Truncul	witherou ken	1.	Butte.		ylau	ン	
24	. FUNERAL BIRE	7 A	Tarr	ingorFunera	1 Home 25a. RE	C'Q BY	REGISTRAR	17/19	RAR'S SIGN	AKURE	LE.
	W B ME	comber Sr	, A	berdeen. M	d. OATE	011	41 13	06	-	1 1	
	THE REST TO STATE OF					-					

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FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH . Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	00 30 3	141	EDICA	L EXAMINER 3	CERTIFICATI	L OI D	FULL	110	405	
1.	PLACE OF DEATH	1			2. USUAL RESIDENC	E (Where dece			dence befor	e admission)
	a. COUNTY	arford		MARYLAND	a. STATE	rvlend	b. cou	500 m	timor	m
	b. CITY OR TOW.	N (If outside corpora	te Ilmits,	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If		orate Ilmits, w			
Ru	rate Plas	and give nearest tow	n)				Rural	\		
		PITAL OF METHUR	N /If not in I	hospital, give street address)	d. STREET ADDRESS	111	RuraT		l a. IS	RESIDENCE
	U. HAME OF ROS	STIME OR INSTITUTE	M (31 1501 115 1	iospitai, givo scicet adoless)					ON	A FARM?
		rettsville	XPARK_	Road	Kirkwood	Shop			YES	
3.	NAME OF DECEASED	FI	rst	Middle	Last	4. DATE	Mont	th	Oay	Year
	(Type or print)	Charle		L.	Greer	DEATH	June			1966
5.	SĒX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIEO	8. OATE OF BIRTH		AGE (In yeers lest birthday)		YEAR IF UN	
	Male	White	WIDOWEG	O O O O O O O O O O O O O O O O O O O	April 14.1	1939	27 утв.	111017013	1100	10 101111.
102	. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b.	KIND OF BUSINESS OR INCUSTRY	11. BIRTHPLACE (S	tate or foreig		12, CITI	ZEN OF W	HAT
aui	Carpent			nstruction	Glencoe	Marv	land	U.S		
13.	FATHER'S NAM		100	11001.00001	14. MOTHER'S MAIO	EN NAME	2,00224			
	Earl F	Hamilton	Graar		Gertri	oH oh	ath			
15		EVER IN U.S. ARMEOFO		SOCIAL SECURITY NO. 17.	INFORMANT	AUC 110	Addre	ess · Do ÷ +	a IIc	ר ר.
	es, no, or unkown)	(If yes give war or dates o	of service)		- D	3/ /1			e Ha	- 79
	Yes	1961-63			s. Fannie	ji GT	eer	l.d.	2116	BETWEEN
		DEATH (Enter only on EATH WAS CAUSED BY	r	line for (a), (b), and (c).]						YD DEATH
	PART I. OI	IMMEDIATE CAUSE	(a) Fr	cture Skull					-	
	8/94	DUE								
	Conditions, If		(b) Fra	cture left man	dible					
	gave rise to cause (a), si	the state of the s	TO							
	underlying caus	se last.	(c)							
8	PART II. OTHER S	SIGNIFICANT CONDITI	ONSCONTRIE	BUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	DISEASE COND	ITION GIVEN I	PART 1(a)		FORMEO?
CAT		*							YES [
Ē	20e. EXTERNA	L CAUSE WAS	20b.	DESCRIBE HOW INJURY OCC	URREO, (Enter nature of	f injury in Par	rt I or Part II	of Item 18.)		
CERTIFICATION	CAUSE OF DEAT	CONTRIBUTING [An	te Accident.	Auto-Object	type				
AL	20c. TIME OF	INJURY Month, Oay,		INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fa	arm, 20f. (City or town)	(Coun	ty)	(State)
MEDICAL	Hour a.i	V= 4/1	66 White	e — Not While —	ary, street, office bldg., e			. 122	TT-	Ma
Ž	6 p.i	m. 19	lar wo		rrettsville	Inspection	larrett.	uiry 7.	Ha .	my opinion
	21. I certify	y that I took charg	e of the re	mains described above, he				The same of the sa		nty Opinion
	death result	ted from: Natura	causes _	, Accident S	ricide, Homici		Undetermine	a manner L	1	1.
		32. 1.1	PR	10	CHIEF MEDICA		- Bul	AVL	22 0/	TE CICUEN
	SIGNATURE	ee will	(()	ENU!	M.O. ASSISTANT ME				/ / /	/ /
	EXAMINER'S	C+>->/A	10	Palmer	110 SEPUTY MEOLO		-	6-	14-	-46
	NAME (Type)	y c ; gia		10(/10/	Address (Stree			Laure Control	4-3	(0)
23.	a. BURIAL, CREM REMOVAL (Sp	MATION, 23b, OATE	THEREOF	23c. NAME OF CEMETER			CATION (City,			(State)
	Burial	16/17/	1966	Bel Air Men	. Gardens	Bel	Air.	Maryl	and	36
1 24	I. FUNERAL OIR!	ECTOR		ADDRESS	25a, RE	O O DI REGIS	TRAR 25b.	uenigikak,2	PINNINI	15

Jarrettsville, Md.

VR A15ME 3500 4-64

FUNERAL OIRECTOR

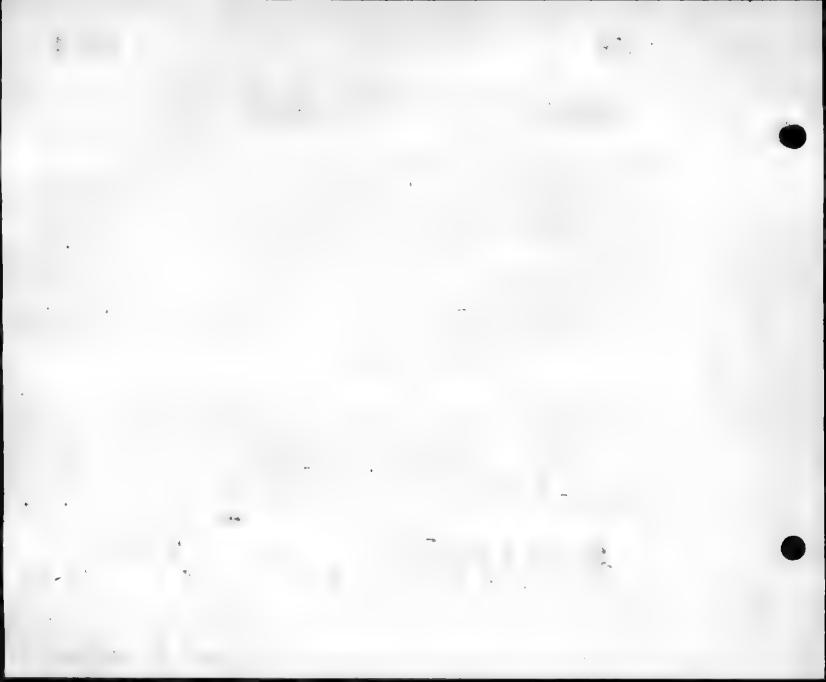
E.

Kurtz

Charles

TO DEPUTY MEDICAL EXAMINER. This certifinate word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in dry event within 72 hours after death.



Howard K. McComas & Son. Abingdon. Md.

21009

DATEJU

Harf ord

27

Days

COUNTRY?

12. CITIZEN OF WHAT

Clayton Road

INTERVAL BETWEEN ONSET AND BEATH

WAS AUTOPSY

NO 🔀

(State)

Md.

(State)

PERFORMED?

YES [

SIGNED

(County)

e. IS RESIDENCE

YES

ON A FARM?

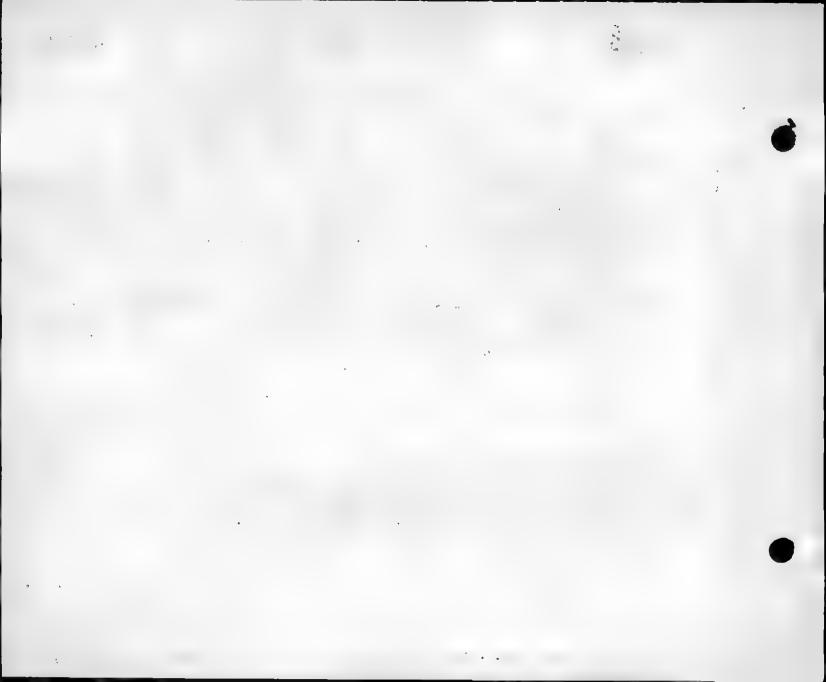
Year

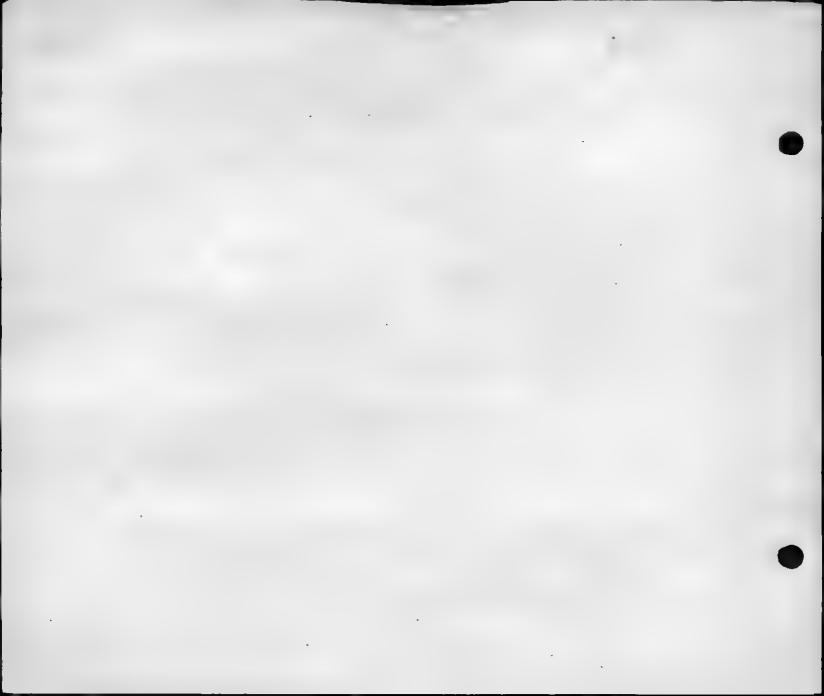
1966

Hours

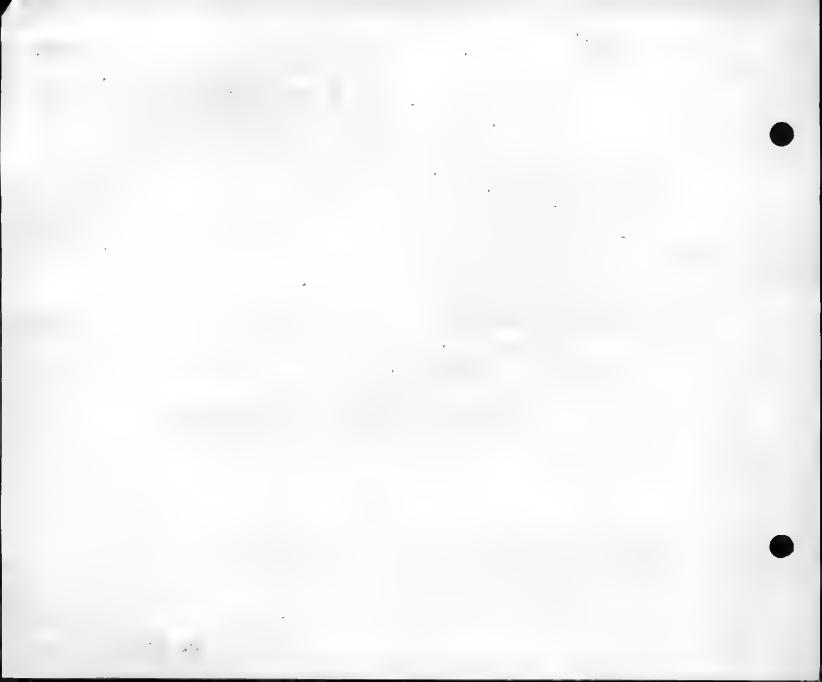
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death death the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE **b** COUNTY filled in by the fun papers. Pages 1 (hin 72 hours after d MARYLAND b. CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 15 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give, nearest town? e IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospito give street address) d. STREET ADDRESS hin 72 | filled YES NO NAME OF Middle 4 DATE Month Day Year campletely DECEASED (Type or print) DEATH 9. AGE (In years 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH IF UNDER 1 YEAR NEVER MARRIED lost birthday) Manths Days Hours WIDOWED DIVORCED 0 -10a, USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. (NFORMAN) Address (Yes, na, or unknown) (If yes give war ar dates of service) 9 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Š DUE TO .. buriol, Conditions, if any, which gave rise to immediate couse (a). **DUE TO** far use as the l Health priar to t stating the underlying cause has been last. WAS AUTOPS!
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(G) YES NO certificate 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) this 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While at work at work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram 19_____, to. _, 19___, that (I) (we) last be retained filed with the saw the deceased alive an. and that death accurred at M. fram causes and an the date stated above. 22a SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. PHYS DIRECTOR director, page shauld be filed 22d. ADDRESS TO HOSPITAL Page 4 may I 222-PHYSICIAN'S NAME (Type) LOCATION (City or Town BURIAL CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY-(County) (State) REMOVAL (Specify). 24. FUNERAL DIRECTOR ASO, REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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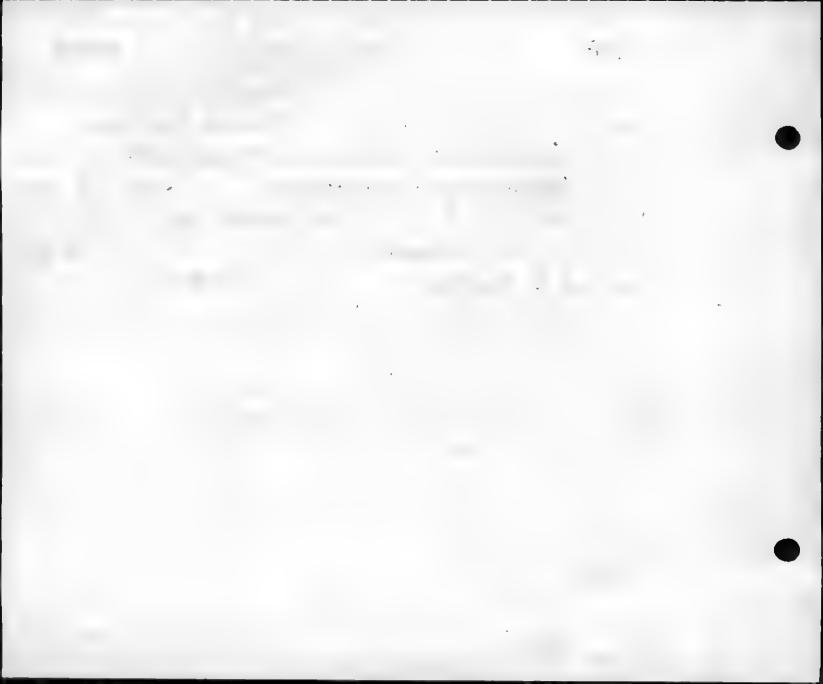
CERTIFICATE OF DEATH

08488

1 4 4		20300	4-111111111111		(, , , ,)
3		PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived, if in-	
3	(a. COUNTY HARFORD	MARYLAND	o. STATE MARY D. b.	COUNTY HAREORD
3		b CITY OR TOWN (If outside corporate limits,	r LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carparate limits, write	
2		write RURAL and give nearest tawn)	28 DAYS	Hauge De	- GRACE
2	<u> </u>	d, NAME DE HOSPITAL DR INSTITUTION (If not in haspital, gav		d. STREET ADDRESS	8 IS RESIDENCE ON A FARM?
7		BREVIN NUDSIN	in Hans	Meadowale	
WHAT IS TO THE STATE OF THE STA	3	NAME OF FIRST	Middle	Lost 4 DATE	Month Day Year
\$		DECEASED A . I	1 4444 41 -	OF The state of th	
, de	-	(Type at print) SEX 6 CDLOR OR RACE 7, MARRIED N	NEVER MARRIED	DATE DE BIRTH 9 AGE (In year	TE IF UNDER 1 YEAR 1 IF UNDER 24 HRS
	,	WIDOWED F	DIVORCED T	last a rthda	y) Months Days Haurs Min
	100		O OF BUSINESS OR	12-23-1894 69 y	12 CITIZEN OF WHAT
50.	dur	ng most of work ng life even if settred) INDI	JSTRY 1	10 n	COUNTRY?
8		FATHER S NAME	a Rpen Ter	14. MOTHER'S MAIDEN NAME	4.5./4
	13	C II V.		14. MUTTER'S MAIDEN NAME	V
2		samuel p. Hobbi	NS	TINNIE HEIRI	<u> </u>
<u></u>				NFORMANT /	PB# 13.x -21078
	Ľ.		1-05-7904 MRS	ALICE G. HIPHING, NI	VREDEGRACE NO
=		18 CAUSE OF DEATH (Enter on y one couse per line for AC PART I DEATH WAS CAUSED BY	i), (b), and (c))	31	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (a)	MUMAY	NIM MAKES	ONSET AND BEATIN
2		SEIX DUE TO	0 - 0	11 - 01-	
=	Ш	Conditions, if any, which gave (b)	rue de cur)	
5	Ш	stating the underlying couse DUE TO			
=		lost.			
1	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTÖPSY PERFORMED?
5 0	CERTIFICATION			*	YES NO
	ZŢĘĘ	20a A€C DENT WAS UNDERLYING ☐ 20b. DESC OR CONTRIBUTING ☐ CAUSE OF DEATH	RIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Port II of item 18	.)
-		(IF EITHER, NOTIFY MEDICAL EXAMINER)			
2	MEDICAL	and the state of t		E OF INJURY (Home, form, 20f. (City or tow	n) (County) (State)
2	₩.	Hour 6.m While p.m. 19 at wark		ary, street, office bldg , etc.)	* / /
2		21. I certify that (I) (this hospital) attended			197 - A962 , that (1) (we) last
=		saw the deceased alive on	19, and that	death accurred atM, from cau	ses and an the date stated above.
		22a. SIGNATURE	##	ATTENDING MED. STAFF	226 PATE SIGNED
2		CHIX OUM DI IVI	MI	PHYS. DIRECTOR L PHYS	4/6/1/6/2
= }		22c PHYSICIAN S NAME (Type)	24	OF HAYRE DE BRACE	= /// 112
2		THE DENTS	M:		
nadra be filed with the state Dept. of Regins prior ta bollar, defiliations, of remove	230	BURIAL, CREMATION, 23b DATE THEREOF PEMOVAL (Specify)	231 NAME OF CEMETERY DR	()-	117. AA-
· 0		DURIAL VONEAU, 1766	110CH TON	EMI MARFORD	
15/	24	UNERAL DIRECTOR	ADDRESS	_ //_ 2JUND 2 REGISTRAGE 25	MEGISTRAR'S SIGNATURE
6 !	7	1113000m/11110/2111/	AURE DEGIRACI	E /M/) DATE	0 0

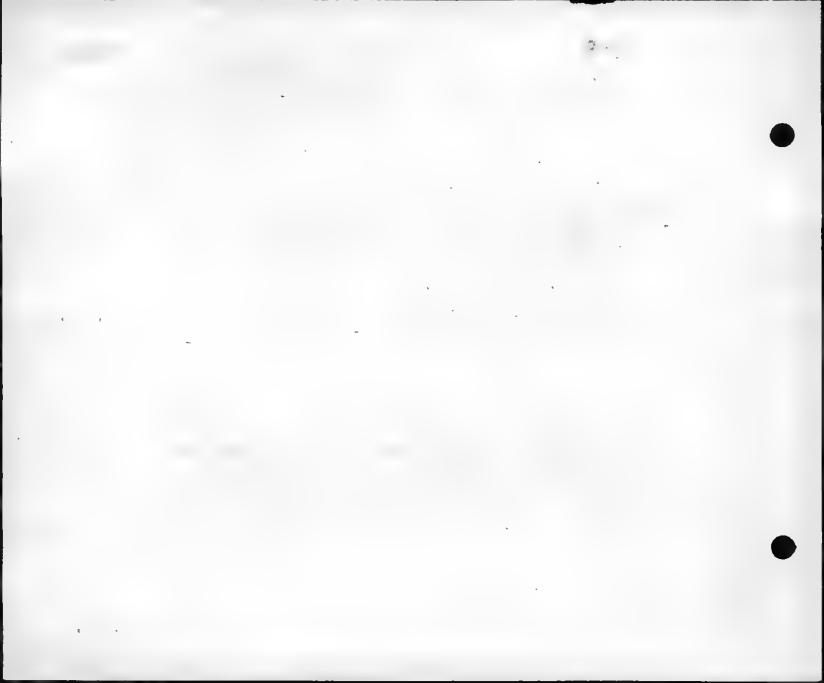
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicagn and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. They please remaye carban papers Pages 1 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

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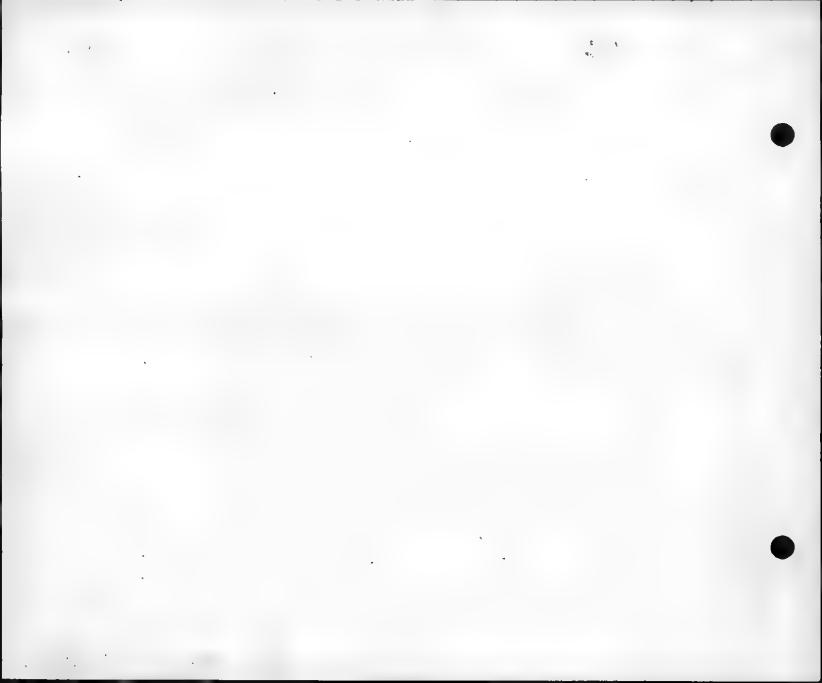


MARYLAND STATE DEPARTMENT OF HEALTH
SEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(8.4)		DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 30	I W. PRESION SIREEI, BAI	IIMUKE, MAKILAN	ID 21201
- Z		08499	CERTIFICATE	OF DEATH		08489
aurs after death by the funeral Pages 1 and 2 taurs after death		PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Where dec	eased lived, if institution b. COUNTY	Residence before admission)
fier e fu as 1 fier	_	b CITY DR FDWN (If autside carparate limits,	MARYLAND T. C. LENGTH DE STAY IN 16	c CITY OR TOWN (If autside carp	arata limite visita PIIDAS	and give pagreet town)
haurs after by the fu s. Pages 1 haurs after	1	write RURAL and give fearest (5Wn)	112/2/	1 1	Office IIIIAIS, WINE KOKKI	and dies hearest town)
by hau	4	HURC SE CORACION (18 ATOM IN THE CORACION OF THE CORE	CIM TOURS	d. STREET ADDRESS	<u>C</u> 1	e IS RESIDENCE
24 in per 172		HARFORD Memo	Pipital, give street address)	FRenchte	WN Re	ON A FARM?
thir in this		NAME OF First	Middle	Lost 4. DAT		Day Year
ed wi		OFCEASED (Type or print) WILLIAM		ACKSON DEA		UNDER I YEAR IF UNDER 24 HRS
that the death certificate be executed within 24 hau an. by the attending physician and campletely filled in b ransit permit. Their ptege remave carban papers. crematian, or removel, and in any event, within 72 ha	s.		ARRIED NEVER MARRIED DOWED DIVORCED	8 DATE OF BIRTH 6-18-1904		onths Days Hours Min.
and rem	100	USUAL DCCJPATION (Give kind of work done	10b KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, o	foreign country)	12. CITIZEN OF WHAT
d d d	dur	ng most of working the, even if retired) achine Operator	NDUSTRY Harford Letal (in Md		12. CITIZEN OF WHAT COUNTRY? U.S
icol (September 1987)		FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
it San		William J. Jacks	on Sr.	Laura Craic	r	
ing ing	IS.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
dear mit or	(Ye	s, no, or unknown) (If yes give war or dotes of service		rah Jackson	Perryvil	70 718
att att		18 CAUSE OF DEATH (Enter only one couse per		Z LIGHT HUGENSUIL		/ INTERVAL BETWEEN
that the death certi an. by the attending pl transit permit. Then cremation, or remov		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	CA. of Le	ings & Me	lastasi	ONSET AND DEATH
		DUE TO				
physician. physician. signed by the burial-transit burial, crema'		Conditions, if any, which gave) (b)		V		
a		rise to immediate cause (a), DUE TO	(!, + i.	- D. (V.	1 0	
AN: The law ratending or attending cate has been for use as the Health prior to		lost (c)	tryestine H.	F. Coula	knowke	<u>'</u>
e la ten ten ts as as pria	-	PARTAL OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
The rate of the control of the contr	ATIO	Hourselvied Certi	undersi AS.	HD.		YES NO
AN: 1 al or icate far us Healt	CERTIFICATION	20g ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or	Part II of item 18.)	
rSICI aspir certif hed ot. af	AL CER	OR CONTRIBUTING CO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
PHY ne ha this c etach Depi	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.		CE OF INJURY (Hame, form, 20) lary, street, office bldg., etc.)	. (City or town)	(County) (State)
by the office of the design of	2	p.m. 19	at work LJ at work LJ			
Affi d b d b e Si		21 I certify that (I) (this haspital)	attended the deceased fram_	MAY 14 , 19 44	10 June 2.	5, 19 <u>66</u> , that (1) (we) lo
TTE Direction The property of the property of		saw the deceased alive an 500	10 23 14 6 C., and the	i dealir accurred at	M, fram causes and	
be retain be retain DIRECTO as 3 share led with		220. SIGNATURE	ehan mon.	D. ATTENDING MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGNED
TAI MAI Page e fi		22c. PHYSICIAN'S NAME (Type) PABLO K	CHAN M.D.	22d. ADDRESS HARFORD	MEM. H	05P,
O HOSPI Page 4 m O FUNER director, shauld b	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY 23d.	LOCATION (City or Town)	(Caunty) (Stote)
Page of Full direct shaul		Burial 6/28/10	se Asbury Ce	motory Po	rt Denoci	t Md
	24	FUNERAL-DIRECTOR 1	ADDRESS	250. REC'D BY REG		TRAR'S SIGNATURE
VR A15 (4) 20 M 1/66	6	eal 15 thunk	v 1 told merello.	DATE JUL	ל מסבו	The sand



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08500 deoth requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institut on, Residence before admission) funerol 1. PLACE OF DEATH b. COUNTY o. STATE a. COUNTY ORK MARYLAND by the f Pages c LENGTH OF STAY IN 16 c. CITY OR TOWN (If auts de carporate limits, write RURAL and give nearest town) TOWN (If outside carparate write RURAE and give IS RESIDENCE ON A FARM? d. STREET ADDRESS .⊑ OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled YES 🔲 NO X 4. DATE Year Middle Day NAME OF completely OF DECEASED (Type or print) DEATH event, IF UNDER 24 HRS AGE (In years IF UNDER 1 YEAR DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARKED **NEVER MARRIED** last birthday) Months Doys DIVORCED νпо WIDOWED 12. CITIZEN OF WHA 11 BIRTHPLACE (County & State or foreign country) 10b KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work dane INDUSTRY during most of working life, even if retired) physicion c ien please MAIDEN NAME 13. FATHER'S NAME 14. MOTHER'S signed by the attending phy buriol-transit permit. Then I buriol, cremation, or removal 17 INFORMANT 16 SOCIAL SECURITY NO. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates af service LONES INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (9).
PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause ifter this certificate has been be detached for use os the Stote Dept, of Health prior to lost. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u. be retained by the hospital or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice bkla., etc.) Haur a.m. While Nat While ot work at wark 21 I certify that (1) (this hospital) attended the deceased from director, page 3 should should be filed with the M, from causes and an the date stated abave. and that death accurred at 3 1966 saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** MED. DIRECTOR PHYS PHYS ADDRESS 22d. 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d. LOCATION (City or Town (County) 23a. BURIAL, CREMATION, PEMOVAL (Specify) BURIAL ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

N

TO HOSPITAL OR ATTENDING PHYSICIAN: The law majuires that the death certificate Le axecuted within 24 Laurs offer death.

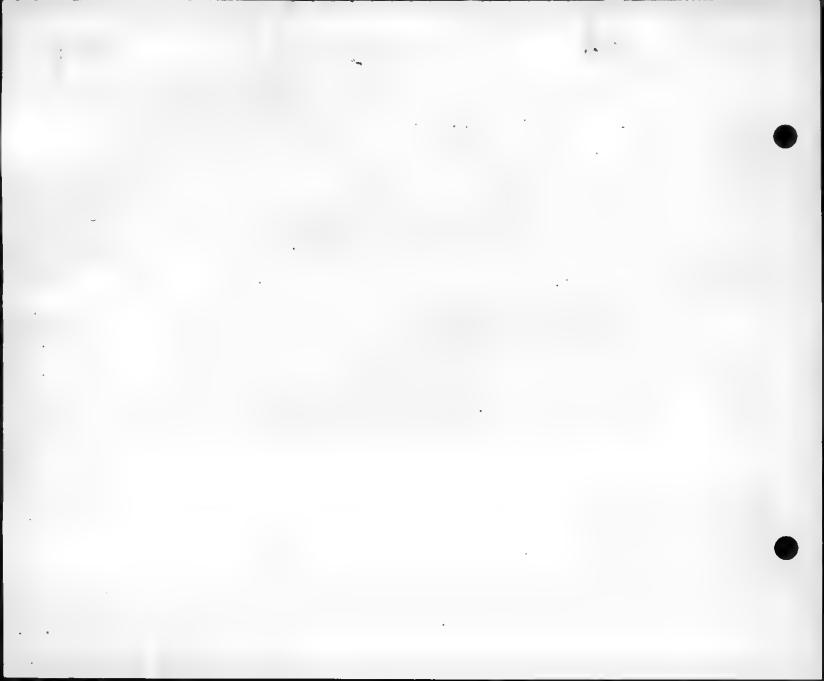
Page 4 may be retained by the haspital or attending physician.

VIII A15 (4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending all sician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. They please remave carban papers. Pages Land should be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after dept.

1		0850	a A	1tem	Film 37 CERTIF	ICA1E	OF DEATH	, 20211111	ensy months.	084	191	
		PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceased			fare admiss	ion)
,			rford		MARY	YLAND	o. STATE Mary	Land	b. COUNT	Har	ford	
	ŀ	CITY OR TOWN (If autside corporate limit d give negrest tawn)	s,	c. LENGTH OF STAY I	IN Ib	c CITY OR TOWN (If au	tside corporate	limits, write RURA	L and give ned	rest tawn)	
	A.	berdeen	Proving Gro	und, Mo	i. 1-Day		Edgewo	ood			y b	
	(d. NAME OF HOSPIT	AL OR INSTITUTION (If no	at in hospital,	give street address)		d. STREET ADDRESS				e IS RES	IDENCE FARM?
ĺ	Kirk Army Hospital						Box 108,50	OC, C22,	Class#4		YES 🗍	NO X
	3. NAME OF First				Middle		Lost 4 DATE Month OF			1	Day Y	ear 66
		(Type or print)	Jess		K		LIM	DEATH	June		28 19	
	5. 5		6 COLOR OR RACE	7 MARRIED			3. DATE OF BIRTH			Months Day		
		Female	Mong	WIDOWED			ct 15, 196	5	YIS.	9		
	10a duri	JSUAL OCCUPATION ing most of working	(Give kind of work dane life, even if retired)	10b.	KIND OF BUSINESS OR		11. BIRTHPLACE (County			12 C TIZEN COUNTR	OF WHAT	
		N/A	,		N/A		Lawton, (a		USA	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN I					
			ge K. Lim				Nancy M. S. (Lee)					
	15 (Ye:	WAS DECEASED EVE s, na, ar unknawn)	R IN US ARMED FORCES? (If yes give war ar dates	of service)	. SOCIAL SECURITY NO.		NFORMANT		Address			~
		No	-		44	F	ather - 670'	7 C Jac	ob Ct.,			
			EATH (Enter anly one car TH WAS CAUSED BY	,							ONSET AND	DEATH
		7541	/ IMMEDIATE CAUSE		tricular Ar	rhyt.	hmia				5 min	
		Conditions, if any	DUE		TT	ande Til	n †]				6 mos	
		rise to immediate cause (a).										
		stating the underlying cause									6 mos	
		lost. (c) Endocardial Fibroelastosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)									19 WAS AU	
A	<u>N</u>	TAKE II, STILLER SI	ON TENNI CONDITIONS	Oliticolino	TO DEATH DOT HOT KEE	MICO 10 I	THE TERMINANE DISEASE COT	ibilion officer i	11 (10)		PERFORI	
	MEDICAL CERTIFICATION	20o. ACCIDENT WA	S LINDERLYING .	205 [DESCRIBE HOW INJURY OF	CCURRED (Enter nature of injury in	Port L or Port ()	of item 18 \		163	NO A
	ESI	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)									
	₫		URY Month, Day, Year	20d	INJURY OCCURRED	20e. PLAC	E OF INJURY (Hame, farm), 20f (6	lity or town)	(County)		(Stote)
	윷	Hour o.r	m.	Whil	le Nat While ork ork		rry, street, office bldg., etc.)			, , ,		` '
			Th.			from	27 June , 1	9 66 to	28 June	1066	that (I)	Dist
	j	sow the d	eceased olive on	28 Jun	e1966,	ond that	deoth occurred at	10:45M	from couses or	nd on the c	ate state	d obove.
		22a. SIGNAJURE	11/10-	\rightarrow	110	•		MED		22b DATE S	IGNED	
		FEL	dul 1-	2001	ON XII	M.D		DIRECTOR	STAFF PHYS.	28-Ju	ue /	966
		22c PHYSICIAN S		7	24700 140		22d. ADDRESS	-	~			
		NAME (Type	LELAND W	GHT, (CAPT., MC		Kirk Army					
	230	BURIAL, CREMATIC REMOVAL (Specify		EREOF	23c, NAME OF CEMI		REMATORY		ION (City or Town	,	**	(State)
		Burial	1/86/201	1966	APG Pos	t Co	mot for se	Aber	deen P	roving	r Gr	170
	24	FUNERAL DIRECTO	1		ADDRESS	1		BY REGISTRAR		STRAR'S SIGNA		das
1	Re	ell. 0/18	1102001	n /0	1 hdroll	. /4	CA DATE .	JUL 6	1400	7	- V	1

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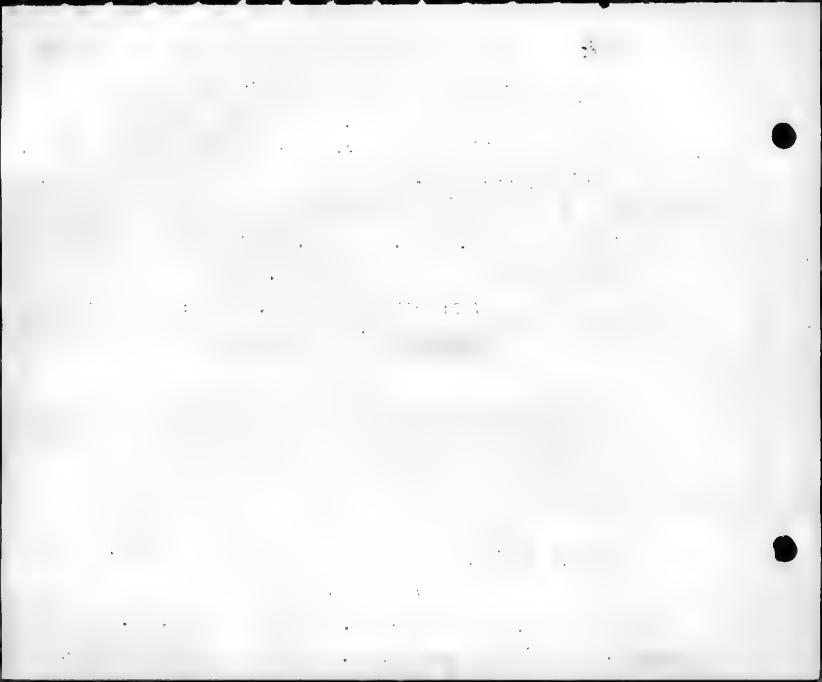
FOR STATE HEALTH DEPT.

Department after death. O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. the State 172 hours a TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and of Health or its designated agent, prior to burial, cremation, or removal, and in any event TO DEPUTY MED

VR ALSME

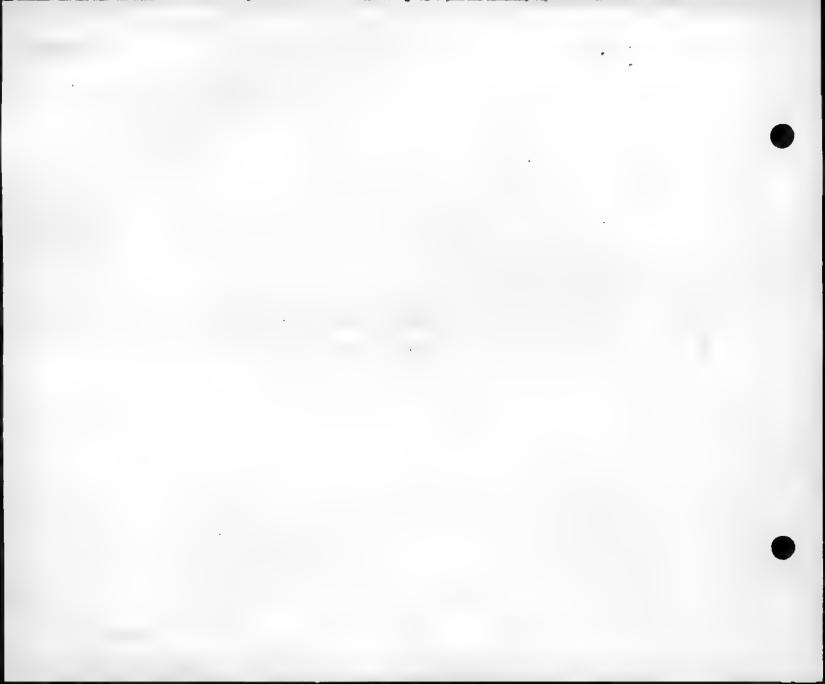
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1_	<u> </u>	MEDICAL	EXAMINER'S	CERTIFICAT	E OF DEATH	08492
1.	a. COUNTY	rend	MARYLAND	2. USUAL RESIDENCE a. STATE	E (Where deceased lived, If inst b. COUN	itution; Residence before admission)
	b. CITY OR TOWN (If outside co write RURAL and give neare	st town)	C. LENGTH OF STAY IN 18	1 70 4	outside corporate limits, wri	te RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTI		spital, give street address	STREET ADDRESS	2 Budon ir	0. IS RESIDENCE ON A FARM? YES NO 1
	NAME OF DECEASED (Type or print) JAMES	First WEAVER	MORROW	Last	4. DATE Month OF DEATH OF	19 = 6
	SEX 6. COLOR OR I	WIDOWED [DIVORCED	6/3/1914	6est birthday) 5 2 yrs.	Months Days Hours Min.
M M	e. USUAL OCCUPATION (Give kind of ling most of working life, even if IACHINIST	retired) BOA	ND OF BUSINESS OR DUSTRY	N. CAR	odina	12. CITIZEN OF WHAT USA
13	THOMAS MO	RROW		MARY E.	OWENS	
(Y	WAS DECEASED EVER IN U.S. ARN es, no, or unkown) (If yes give war or	MED FORCES? 16. S dates of service)		RISTINE G.	MORROW: AS I	
-	18. CAUSE OF DEATH [Enter of PART I. DEATH WAS CAUS! IMMEDIATE C	ED RY- 11 4		V disec	ی	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if eny, which agave rise to immediate	DUE TO (b)				
	ceuse (a), stoting the underlying cause last.	DUE TO				
CATION	PART II. OTHER SIGNIFICANT COI	NOITIONS CONTRIBUT	TING TO DEATH BUT NOT RE	LATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN F	PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	20b. D	ESCRIBE HOW INJURY OC	CURRED. (Enter nature of	finjury in Part I or Part II of	I Item 18.)
MEDICAL CERTIFICATION	20c. TIME OF INJURY Month, Hour a.m.	Day, Year 20d. IN While 19 at work	Not While fac	ACE OF INJURY (Home, fa tory, street, office bldg., e		(County) (State)
	21. I certify that I took o		ins described above, h	eld an Autopsy, uicide, Homici	Inspection () Inqui	
	ACTUAL SIGNATURE POUL	v Paln		CHIEF MEDICAM D. ASSISTANT ME	L EXAMINER B	20 4 12. DATE SIGNED
	EXAMINER'S CETT	1 6 2	ner-	.9 7 7	t, city, town, or county)	6-4-6-6
23:	BHRIAL Specify 6/7	1662	BOTATE MEN	. GARDENS		D.
24	AT THE PROOFS	PADLEY	ADDRESS DILLON MI	711731		Corles Judge
0.87						



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

۔	22	/ [28503	CERTIFICATE	OF DEATH		08493
death	funeral I and 2 Ier death			LACE OF DEATH		2 USUAL RESIDENCE (Where	e deceased lived, if institution Residue.	dence before admission)
10	he fun ges 1 o			HARTORC	MARYLAND	MO	, H	ARGRA
s off	by the fuse. Pages I		Ŀ	CITY OR TOWN (If outside corporate im ts, write RJRAL and give neares town)	C LENGTH OF STAY IN 16	c CITY OR TOWN (if outside	corporate limits, write RURAL and	give neafest town)
aur	by P	-		HAURE DEGRA	E 50 m.	MAURE C	de GRACE	e. IS RESIDENCE
24 h		, ,	(NAME OF HOSPITAL OR INSTITUTION (If not in h	ospitol, give street address)	d STREET ADDRESS	1/- / 1/-	ON A FARM?
requires that the death certificate be executed within 24 haurs after abhyrion	filled nobe	-	3 1	ITAR-TERD Memor	Midd e	1 (ast , 4.	DATEMonth	YES NO
× ×	tely f rban , with		3 I	ECEASED Type or print) Coccogni	FORNKLIN M	Rule Late	OF JUNE	27 1966
pate	Imple ve car event	ŀ	5 5		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UND	ER I YEAR IF UNDER 24 HRS
Xecu	and completely fill remove carban p		1	. 4 1 1 1 1 1 1 1 1 1	IDOWED DIVORCED	3/12/1888	Jast birthday) Month	s Days Hours Min
pe e		Ī		USUAL OCCUPATION (Give kind of work done in play alloworking ble, even if retired)	106 KIND OF BUSINESS OR	11 B.RTHPLACE (County & Sto		CITIZEN OF WHAT
ate at	cian are ease and in		6	Kilwa	Rulevad	Marglan		LEUNIST? A.
fifice			13	FATHER S NAME	11	14. MOTHER MAIDEN NAME	10	-++
CGT	ling phys Then premayal,		25	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO. 17. 1	FORMANT TO A DE	2.75	1 nompson
eath	attending permit. The		(Ye	(if yes give war or dates of servi	ice) (sac business)	Maria Day	D. G. Hadresh /	elotees made
je d	attendi permit. ian, ar r	F		18. CAUSE OF DEATH (Enter only one cause per	line for (a) (b) and (c))	mu New V-	ne spria	INTERVAL BETWEEN
± to	by the attraction transit per crematian,		1	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	CARDIAC A	ARREST		ONSET AND DEATH
quires the	signed by the burial-transit ourial, crema	İ		US / 1 DUE TO				
UITE	signed burial-t burial, c			Conditions, if any, which gave (b)	PNEUMONIT	715		
Ped o				stoting the underlying cause DUE ID	M11 A			
law pdin	bee s th iar 1			lost. (c)	6017			In WAS AUTORSY
I: The law re	icate has been for use as the Health prior ta		S S	PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITIE	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
_	F1 5- (D)	4	MEDICAL CERTIFICATION	20a, ACCIDENT WAS UNDERLYING [1]	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of inner in Part	Lor Port II of Item 18.)	YES NO
PHYSICIAN	the term			OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	and practice non motif occording.	(enter market or infort) in their	1 or roll to or roll to of	
HY.	this cert detached e Dept. a		ਤੁ	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e PLAC	CE OF INJURY (Home, farm,	20f (City or town)	(County) (State)
_			闄	Hour o.m. p.m. 19	While Not While of factor	ory, street, office bldg., etc.)		,
TENDING	After d be		- 1	21. I certify that (I) (this haspital	attended the deceased from	6-23,196		9 64 that (I) (we) lo
THE PERSON	OR: A	i		saw the deceased alive on	19 6 and that	t death occurred at <u>\$ -</u>	M, from causes and or	
R A	S sh	ı	-	22a. SIGNATURE	D. 1965 M.	ATTENDING MED	STAFF 226.	DATE SIGNED
0 4	RAL DIRE			22c. PHYSICIAN'S		22d ADDRESS	COK LD PRIS. LD 0	1
PITA	r, p			NAME (Type) GUNTHER	D. HIRSOH	HAVRE	DE GRACE, A	ed.
TO HOSPITAL OR ATTENI	director, po		230	BURIAL TREMATION, 236 DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d tOCATION (City or Town)	(County) (Slote)
5	5 44 4			REMUVAL (Specify) 6/29/6	6 Bakus		ukudeen,	11100
	VR A15 A12		24	FUNERAL DIRECTOR	ADDRESS - Le	250. REC'D BY		
	20 M 1/00/	10	/ 7	LUCAL JAMIA CH	1 January	TOT DATE THE	2.0 40Ch Mili-	



rrag 11 £ 11. 10. X i tei i

FOR STATE delay is

th the State Department of ALEXAMINER: This certificate shouls be executed within 24 haurs after douth If pages 1 and 2 1

in any event Within 72 haurs after death Health or its designated agent, priar ta burial, cremation, ar remaval, and

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File

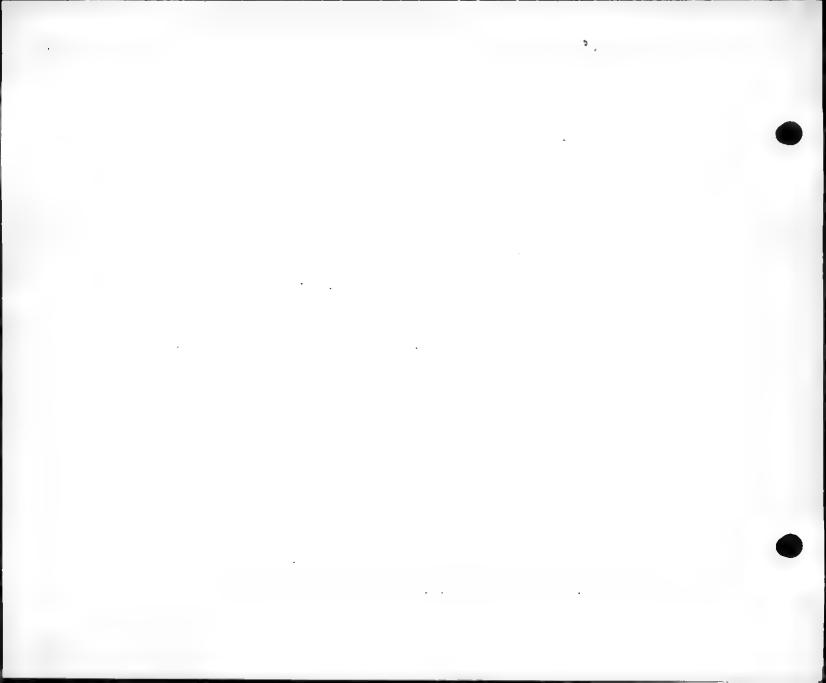
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

7		08505		MEDICAL EXAMIN	ER'S	CERTIFICATE O	F DEATH		08495
		PLACE OF DEATH o. COUNTY					Vhere deceosed I ved, finst		e before odmission)
			rford	MARY	.AND	o. STATE Mary	land	OUNTY Harf	ford
Ī		b CITY OR TOWN (If outs)	de corporate limits,	C LENGTH OF STAY II	v 1b		fside corporate simits, write		
		write RURAL and give i	11ston			Fall	ston	,	11
ľ	- (NAME OF HOSPITAL OR	INSTITUTION (If not in h	ospita, give street address)		d STREET ADDRESS			e IS RESIDENCE ON A FARM?
		18	08 BelAir	Road		1808	BelAir Road	L	YES NO Z
		NAME OF DECEASED	First	Midd e		1201	4 DATE M	anth	Doy Year
L		(Type or print)	Max	Moore	05	BORNE	DEATH June		23 19 66
1				MARRIED NEVER MARRIED IDOWED DIVORCED	4	DATE OF BIRTH	9 AGE (In years lost birthday)	Months	YEAR IF UNDER 24 HRS Doys Hours Min
ŀ		Male USUAL OCCUPATION (G ve	1141200	105_KIND OF BUSINESS OR		1 11 _RIRTHPLACE AState	or foreign country)		IZEN OF WHAT
		ng most of working le, eve		E CINO STRY		Rugsby	Va		INTRY? US'
	13.	FATHER'S NAME	00			14. MOTHER'S MAIDEN I	IAME -2402	. 3	ndefender
ł	C	Lawton >	2006	orne		Jenny 1	T. Miller	120	the
	15 (Ye	WAS DECEASED EVER IN ME s, no, or unknown) (If ybs	ARMED FORCES? g ve wor or dotes of serv	16 SOCIAL SECUR TY NO	17 11	VEORMANT Ala	Nivart Pl	dress Eucle	pandence
F		18 CAUSE OF DEATH (nter only one couse pe	r line for (o), (b), ond (c).)		con you	Cabbara 14 14 /C		INTERVAL BETWEEN
		PART I DEATH WAS		Occlusive Co	ronas	arteriosci	erotic heart		ONSET AND DEATH
		1 11	DUE TO	disease					
ı		Conditions, if ony, which	gove) (h)						
ı		rise to immediate cous stating the underlying	e (o). (
ı		last	(c)						
	Š.	PART I OTHER SIGNIFICA		BUTING TO DEATH BUT NOT RELA	I OT CET	HE TERMINAL DISEASE CON	DION GIVEN IN PART I(0)		19 WAS AUTOPSY PERFORMED?
	3	On EVIEDNAL CALLET WA		Con president within a	auto-ro /				AE2 🔀 NO 🗌
	CERTIFICATION	200 EXTERNAL CAUSE WAR PRIMARY ☐ or CONTRIBU CAUSE OF DEATH.		206 DESCRIBE HOW INJURY OC	CURRED (tater noture of injury in t	Port I or Port I of tem 18)		
	MEDICAL	20c TIME OF INJURY Mo Hour o.m.	onth, Doy, Yeor	20d NJURY OCCURRED While Not While of work of work		E OF NJURY (Home, form ry, street, off ce bldg., etc.)		(Cou	nty) (Stote)
		21. I certify that	I taak charge of	the remains described ab	ave. hel	d an Autonsy ਓ	Inspection , In	nguiry 🔲,	and in my apinio
		death resulted Are				de . Hamicide			
ı			1/(- 4	1/2	3010	CHIEF MEDICAL		البيا	
ı		ACTUAL SIGNATURE	11/100	weil			CAL EXAMINER		22. DATE SIGNED
		EX 4 1010/CD1C	Breitenecl	ker, M.D.		DEPUTY MEDICA	L EXAMINER	Ju	me 23, 196
-	230	BURIAL, CREMATION,	236 DATE THEREOF	23c NAME OF CEME	TERY OR C		23d ADCAT ON (City or	Town)	(County) (State)
		REMOVAL (Specify)	Aure 25	- L & William		tundy	Rugsly		Va
	24	FUNERAL DIRECTOR	04-	ADDRESS		250 RECT	BY REGISTRAR 256	RECISERRES	GNATURE
		with	NO J. A	OMO, Benson	c h	DATE J	JN 2 (1966	Juan	The market

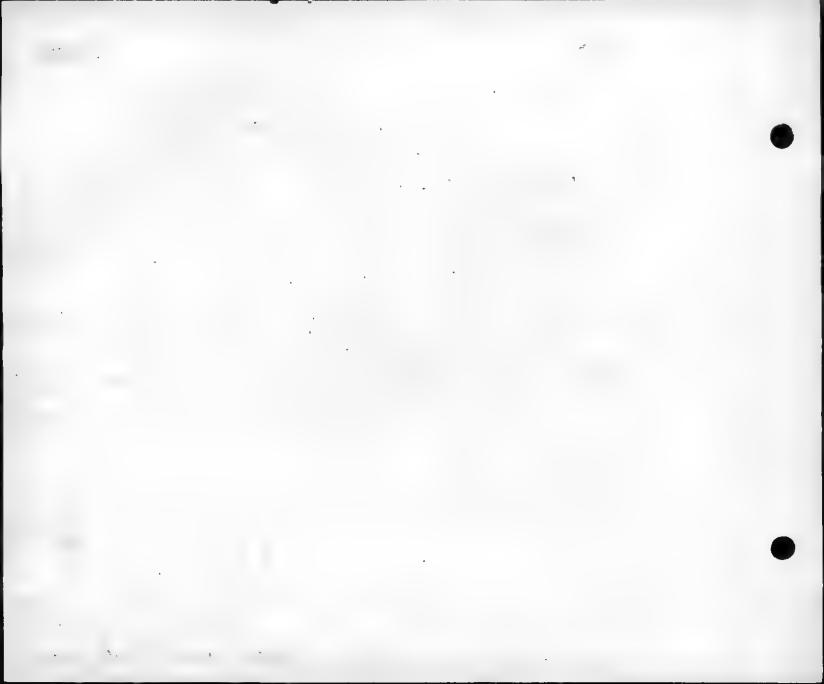
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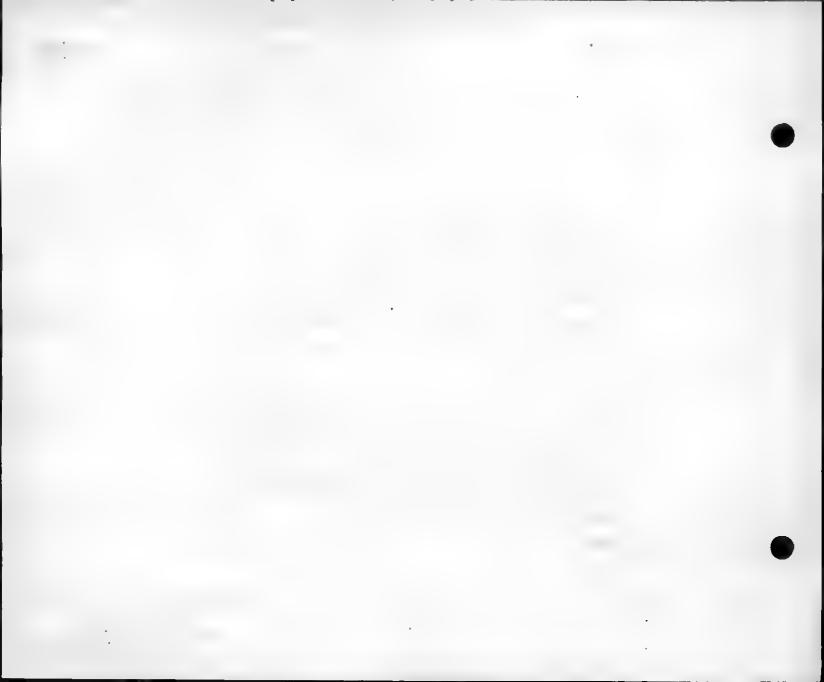


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CE505 CERTIFICATE OF DEATH within 24 hours after death by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss or b. COUNTY o. COUNTY a. STATE MARYLAND c. LENGTH OF STAY IN 16 outside corporate amits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town ove carban papers.

v event, within 72 ha e IS RESIDENCE ON A FARM? campletely filled in ave carban papers. d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS (YES NO 🚾 NAME OF Middle 4. DATE Yeor First Lost Day DECEASED OF DEATH 19 Type or print) executed IF JNDER IF UNDER 24 HRS SEX COLOR OR RACE X 9. AGE (n years 7. MARRIED NEVER MARRIED Months b.thdoy) Hours DIVORCED WIDOWED 12 CITIZEN OF WHAT 100 JS_AL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b KIND OF BUSINESS OR requires that the death certificate be COUNTRY INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending phy burial-transit permit. Then burial, crematian, ar removal IS WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, np. or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line (of lo), (b), and (c). PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o). DUF TO stoting the underlying couse has been Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, (State) 20d. INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Month. Dov. Year be retained by the foctory, street, office bldg, etc.) Hour a.m. Not While ot work TO FUNERAL DIRECTOR: After 21. 1 certify that (I) (this haspital) attended the deceased fram. director, page 3 shauld shauld be filed with the 1966, and that death accurred at 4 12M, fram causes and an the date stated above. saw the deceased alive an June 22b DATE SIGNED 22o. SIGNATURE DIRECTOR PHYS. PHYS 22d. ADDRES 22c. PHYSICIAN S NAME (Type) 23b DATE THEREOF 23o. BURIAL CREMATION. 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Equity) (Stote) REMOVAL (Specify) **ADDRESS** 250 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTO 25h VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 28507 within 24 hours after death by the funeral Pages 1 and and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a. STATE **b** COUNTY remave carban papers. Pages 1 in any event, within 72 hours after C. LENGTH OF STAY IN 16 IS RES DENCE ON A FARM? .⊑ INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES 🗍 NO 🔀 NAME OF 4. DATE Month Last Year Day campletely DECEASED OF (Type or print) DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed COLOR OR RACE 7. MARRIED DATE OF BIRTH 9 AGE (n years NEVER MARRIED birthday) Months Haurs WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT On AUSUAL OCCUPATION (Give kind of work done during-most of working ife, even if retired) DLATE ATE. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NKNOWN signed by the attending burial-transit permit. Th 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Inknown) If If yes give wor or dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse has been last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) directar, page 3 shauld be detached far use shauld be filed with the State Dept. of Health NO this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW JUDURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CI CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, form, (City or town) (County) (Stote) Haur a.m. factory, street, office bldg., etc.) Not While TO FUNERAL DIRECTOR: After at wark 19 Coia, ta. 9 , 19 66 (that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. be retained 1966, and that death accurred at 935 FM, from causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S TO HOSPITAL NAME (Type) 569 Revolution BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City or Town) (State) (County) REMOVAL (Specify) FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE YR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	02508 CER	RTIFICATE OF	DEATH		1) /	198
	1. PLACE OF DEATH O COUNTY HARFORD	MARYLAND 2. US	SUAL RESIDENCE (Where STATE Marylan	deceased lived, if institution b. COUNTY		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAVE CLENCTH OF STATES ARE LENGTH OF STATES ARE LENGT	7	IT OK TOWN (IS DEISIDE C	orporote limits, write RURAL		
2	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress HARFORD Memcy; Al Hos	1 1 1	REET ADDRESS ederal Hi	ll Road		B. IS RESIDENCE ON A FARM? YES NO 🔀
	3. NAME OF DECEASED (Type or print) Emery Elmore	Richa	rdser. 0	BEATH Jun	Do 2 (F UNDER 1 YEAR	5 1966
	7.17.10	ORCED 4	OF BIRTH /28/1886	ost birthday) 80 yrs	Months Doys	Hours M.n.
	To USLAL OCCUPATION (G ve kind of work done during most of working lie, even if tetred) Farmer (retired) Farmer (retired) Farmer (retired)	ing A	BIRTHPLACE (County & Stote Lleghany (MOTHER'S MAIDEN NAME		12 (TIZEN C	S.A.
	James Richardson 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY		Cecelia	? Address	DD 1 I	Box 7
	(Yes, no, or unknown) (If yes give wor or dates of service) 20-20-34(03 W. R	oy Richar		ks, Mo	1.21141
	PART 1. DEATH (Enter only one couse per +ne for (o), (b), ond (c).) IMMEDIATE CAUSE (o) JULE TO DUE TO	4				TERVAL BETWEEN NSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stoling the underlying cause lost.	/				
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE CONDITION	N GIVEN IN PART 1(0)		WAS AJTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	,	noture of injury in Port I			
	20x. TIME OF INJURY Month, Doy, Year Hour o.m. Pp.m. 19 20d INJURY OCCURRED While of work of work	foctory, stre	pet, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
	21. I certify that (I) (this haspital) attended the deceded saw the deceased alive an	ised fram	th accurred at 4:0), to Jule 3	4 19 6 6 1 d an the da 22b. DATE SIG	te stated abave
	220. SHONATURE MIRCLA, Madler &	M.D. PI	TENDING MED. 1YS. DIRECT	TOR STAFF PHYS.	JUNC 3	
	NAME (Type) N/A C // A D E	CEMETERY OR CREMAT		3d. LOCATION (City or Town) (Count	v) (Stote)
	BEMOVAL (Specify) BUTIST 6/28/1966 Bel Ai 24. FUNERAL DIRECTOR ADDRES	r Mem. G		el Air, N	laryla:	nd
)	Charles E Kurtz Jarretts	-			4	2. Candas

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, an estimation and in any event, within 72 hours after dealth.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08583 MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY Page b COUNTY & 5 delay is Deportment b. CIY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1h c CITY OR TOWN (if outside corporate fimits, write RURAL and give nearest town) P.M3. write RURAL and give nearest town) after d NAME OF HOSPITAL OR INSTITUTION (If not in hospita ... q ye street address) d STREET ADDRESS IS RESIDENCE form haurs State (Give Pages YES NO NO haurs after death with 3. NAME OF First Middle 4. DATE DECEASED OF DEATH മാ Ó (Type or print) alang S SEX 6 COLOR OR RACE AGE IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARR ED NEVER MARRIED (In years 00 .ost birthdoy) WIDOWED DIVORCED Office tem | and IDo USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUS NESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY This certificate shauld be executed within 24 Lost Certer (marys bages be forwarded to the Chief Medical Examiner's pencil 13. FATHER'S NAME c and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO INFORMANT Address 169 Clenton ave. permit. (Yes, no, or unknown) (If yes give wor or dotes of service) removal. 18. CAUSE OF DEATH (Enter only one cause per ine for PART I DEATH WAS CAUSED BY INTERVAL BETWEEN **burial-transit** ONSET AND DEATH 6 IMMEDIATE CAUSE (o) writing the ward crematian, DUE TO Conditions, if ony, which gove (b) rise to immediate cause (a). DUE TO stoting the underlying couse О burial, (lost. PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? certificate, YES X 10 NO 200 EXTERNAL CAUSE WAS PRIMARY (CONTRIBUTING CAUSE OF DEATH prior 1 206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 18.) 3 should 4 shaufd its designated agent, MEDICAL TIME OF INJURY Month, Doy, Year 20d IN. JRY OCCURRED 20e PLACE OF .NJURY (Home, form (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Page Page 4 of work at work 21. I certify that I taak charge of the remains described above, held an Autopsy [Inquiry and in my apinian Inspection the funeral director. death resulted from: Natural causes Accident Suicide 7 may be retained Undetermined manner 22. DATE SIGNED SIGNATURE O DEPUTY Health ar i DEPUTY MED CAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23d. LOCATION (City or Town) (County) (State)

250 REC'D BY REGISTRAR

FUNERAL DIRECTOR

VR A15ME (5)





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08511 CERTIFICATE OF DEATH within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside carparate limits, c CITY OR LOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) papers. Pa hin 72 hawrs I I IV STACE d. STREET ADDRESS 6 IS RESIDENCE ON A FARM? Ξ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) in any event, within 72 YES 🗍 NO X 3. NAME OF First Middle 4 DATE Month Doy Year DECEASED DEATH 11/10 (Type or print) IF UNDER 1 YEAR JE UNDER 24 HRS 8 DATE OF BIRTH 9 AGE (In years 7. MARRIED NEVER MARRIED lost birthday) Dovs white May 23, 1892 DIVORCED WIDOWED 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) 10a LSLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of warking life, even if retired) Homemaker COUNTRY 2 physician in please remavar, and WEST JEFERSON HohEG., N.C. WisiA that the death certificate 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAM WithErspoon BAKET WEAVET INT 17 INFORMANT DANSA-8-7522 IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give wor or dates of service 220-20-17488 Mrs. Notrie L. Jordan BEI HE MANIAN ZION 18 CAUSE OF DEATH (Enter only one cause per line far (a) (b) and (c)) PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH achoromaters IMMEDIATE CAUSE (o) 11201 DUE TO Conditions, if any, which gave rise to immediate couse (a), Caucha DUE TO stating the underlying couse the KIL ak 19, WAS ALTOPS) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO K certificate 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Harne, farm, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour a.m. factory, street, office bldg, etc.) Not While at wark 21. I certify that (1) (this hospital) attended the deceased fram LUNE 18, 1966, to LUNE 21 _, 19<u>66</u>that (I) (we) last _____19_66 and that death accurred at 6 M, from causes and on the date stated above. saw the deceased alive an June 21 TO FUNERAL DIRECTOR: 22b. DATE SIGNED 22a. SIGNATURE director, page 3 shauld be filed v M.D. DIRECTOR 22d, ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) ChANTES J. FETER 14.1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. 23b DATE THEREOF (County) REMOVAL (Specify) BEL Air Memorial Gardens Told Air Harbord Co. Maryland 2014 June 23, 1966 BuriAl

24 FUNERAL DIRECTOR

where markers where

Joseph William toster BE Air Manland 21014

VR A15 (4) 20 M 1/66 2Sa REC'D BY REGISTRAR

2Sb REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

· In			08512	3 -		CERTIF	ICATE OF	DEATH		0.8	8502	
funeral and 2	j	1.	PLACE OF DEATH D. COUNTY	HARfER	4.		0.	STATE (W	here deceased lived, if	institution Residue.	dence before adi	missian)
ne fu les 1 after		-	b. CITY OR TOWN (If outside corporate limit		c. LENGTH OF STAY	YLAND c. CIT	Y OR TOWN (if our	RYJANO side Carparate limits, v	vrite RURAL and	give negrest toy	RCC
by #			write RURAL, an	d give nearest town)	RACE	19	day		sville		12 1	
within 24 traus affer by the fur soon papers. Pages I within 72 haurs affer			NAME OF HOSPIT	TAL OR INSTITUTION (IF I	at in haspital, givi	e street address)	d ST	REET ADDRESS			e IS Of	RESIDENCE N A FARM?
fillec pap	*	1		d Mem	ORIAL	Hos	p.				YES	□ NO 2
etely prban ht, will			NAME OF DECEASED Type or pant)	HARRY	rst	E/me		Dyder	4. DATE OF DEATH	Manth	Day	Year 19 6 6
0		S. :		6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 8 DATE	OF PIRTH	9. AGE (In	years IF UND		JNDER 24 HRS
No. of the second		1	1A/E	WhitE	WIDOWED	DIVORCE		rch 13,18		yts.		ours Min
aquies mai me again termitare be exect physician. signed by the attending physician and conburial-transit permit. Then please refined burial, cremation, ar remaval, and in day e		f0a duti	USUAL OCCUPATION ng most of wasking SELMOLO	N (Give kind of work done life, even if jetired) 2— 122	10b. KIRD	of Business or Istry Mar.	, a	HRTHPLACE (County 8)	State, ar fareign count	ry) 12	COUNTRUSA	AT
terinitale b ng physician Then please maval, and i			FATHER'S NAME		1 10 1	1.4		NOTHER'S MAIDEN N	m a A			
Ther Ther		15	Henry	Snyder ER IN U.S. ARMED FORCES?		Class erginolyns sta			baugh			
e attending physiciar permit. Then pleas tion, ar remaval, and		{Ye	s, ng, or unknown)	(if yes give war or dotes)	of service)	CIAL SECURITY NO	17 INFORM		der, Pasa	Address Lena, M	l.	
the at			18 CAUSE OF DE	EATH (Enter only one co	use per line for (a), (b), end (4).	D 4		0			AL BETWEEN AND/DEATH
by tran cren			4 1	IMMEDIATE CAUSE DUE	1	200	7	0 1	Viva	9	-36	THE S
hysic pned gned zrial-			Conditions, if any	, which gave	(b) A	30 V	DE	Park.	ericken	2141	110.	aus.
e law req itending p as been si as the bu priar to bu			stoting the under		TO (c)	conie	Pys	lonep	Kulis		Yes	ria
atten atten has b e as h prik		No	PART II. OTHER SI	IGNIFICANT CONDITIONS	ONTRIBUTING TO	DEATH BUT NOT RE	LATED TO THE TER	MINAL DISEASE CONT	DITION GIVEN IN PART	1(0)	8 19. WAS	S AUTOPSY FORMED?
d ar al al ar al icate ho far use Health	r.	CERTIFICATION	20a ACCIDENT WA	Bula	1 Coly	DIDE HOW WILLIAM O	Cunto Church	looly	art I ar Part II of item	10.3	YES [NO Z
			OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	208 0480	KIDE HUW INJUKT O	CCURRED. (Titles in	ature of injury in P	an jar ean 11 or nem	10.)		
by the hospit fiter this certif be detached State Dept. of		MEDICAL	20c. TIME OF INJ Hour o.i	10	20d INJU While at wark E	IRY OCCURRED Not While at work		IJURY (Home, farm, et, affice bldg., etc.)	20f (City or t	own) ((County)	(State)
Affe Affe Sta			21. I certi	ify that (I) (this ha	spital) attende	d the deceased	fram_5/.	26/	9 66 to 6	-/3,1	9.66 that 1	(I) (we) la
b the			saw the d	eceased alive an_	6-63	19.66,	and that deat	h accurred at_	713 M, from 0			ated abav
y be retained y be retained L DIRECTOR: A age 3 shauld filed with the				1,114 2	Sad	auch	M.D. PH	YS L	MED STA	ff d	DATE SIGNED	166
2 E E C 8	1		22c. PHYSICIAN'S NAME (Type		+DOW	SKY	2	2d. ADDRESS	LEME	A. Hu	medi. S	race /hy
Page 4 r O FUNER director, shauld b	0	23a	BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE TH		23c NAME OF CEM			23d LOCATION (Ci	ty or Town)	(County)	(State)
5 5 5 2 ×	61	2/	FUNERAL DIRECTO	June	16, 1966	Most Holy ADDRESS	y Redeem	er Cemete		2Sb REGISTRAR	SIGNATURE	
VR A15 (4) 20 M 1/66	1			s' Sons, To				DARIAT	2 0 1966	4	es Judg	et.
		- 0								/	- V A	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ltem 2 38513 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission the funeral degt o. COUNTY b. COUNTY e. MARYLAND by the Pages b. CITY OR TOWN (If outside corporate lights. C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate agaits, write RURAL and give nearest town) papers. Pag hin 72 haurs, write RURA, and give nearest fown .Ξ d_STREET_ADDRESS (If not in hospitor, give street oddress) filled NAME OF First 4. DATE (Middle Last Month campletely DECEASED OF DEATH event, (Type or print) Sarl 6 .COLOR/OR RACE 7. MARRIED DATE OF BIRTH (GP (In years NEVER MARRIED duy WIDOWED, K DIVORCED 10o. USUA. OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11/BIRTHPLACE (County & State, or foreign country) .⊆ physician c ien please during most of working ite, even, if retired INDUSTRY l, and i 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME ar remaya attending p IS WAS DECEASED EVER IN U.S. ARMED FORCES? 36 SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 4221 DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse prior to has been the lost. QS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health I this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter notuse of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year 20f factory, street, affice bldg., etc.) Hour o.m. While Not While

IF UNDER 24 HRS IE UNDER 1 YEAR Months Dovs Hours 12 CITIZEN OF WHAT COUNTRY,? INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPS1
PERFORMED? YES NO K (County) (Stote) of work ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from saw the deceased glive an recae 15 19 6 and that death accurred at 6 M, fram causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING directar, page 3 shauld be filed v M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) GRICOLEIT MC Have de 23o. BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23b DATE THEREOF (Stote) (County) REMOVAL (Specify), Bureal 250. REC'D BY REGISTRAN 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

e IS RESIDENCE ON A FARM?

NO I

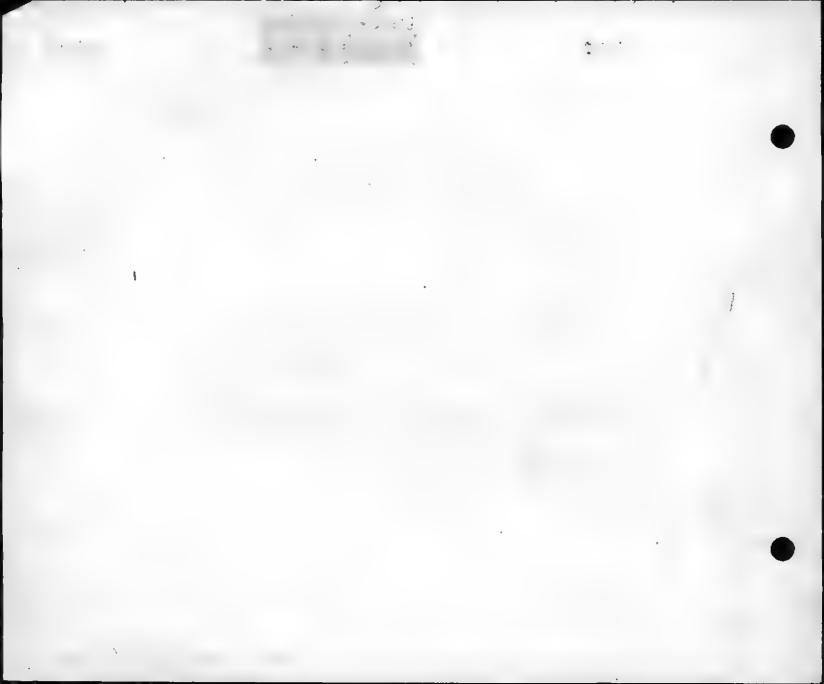
YES T

ATTENDING PHYSICIAN: TO HOSPITAL

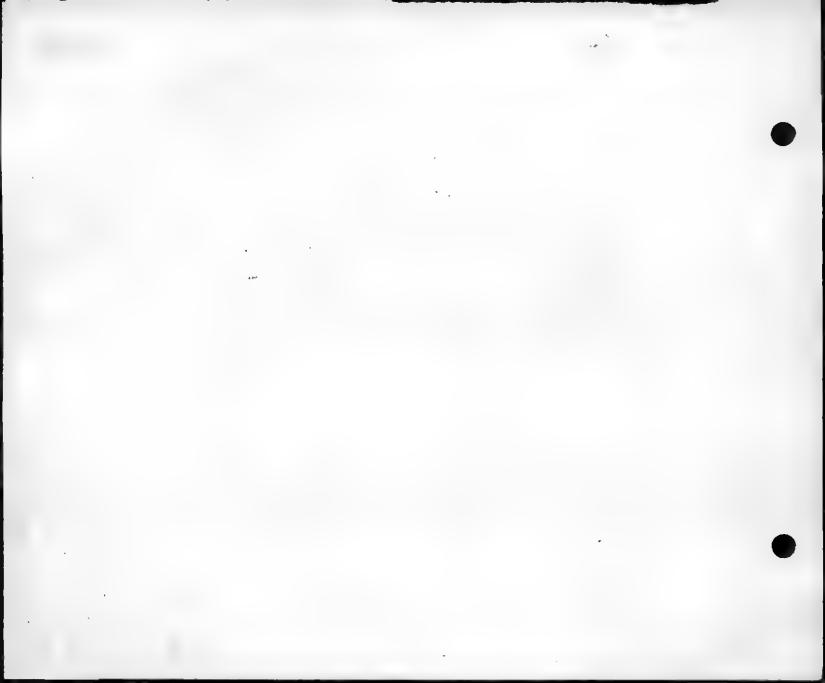
executed within 24 haurs after death.

Buoth o

requires that the



 1	Ī	tem 18 Film G378 7/5 Division of STATISTICAL	/66 MARYLAND STATE DE	PARTMENT OF H	EALTH EET. BALTIMORE. MARY	/LAND 21201
		08514		OF DEATH		08504
death		PLACE OF DEATH O. COUNTY HAR IS REC	MARYLAND	2. USUAL RESIDENCE (0. STATE	Where deceased lived, if institution b. COL	JNTY HAR feed
by the Pages		b. CITY OR TOWN (If outside comporate limits, write RURAL and give nearest town).	C. LENGTH OF STAY IN 16		orside corporate limits, write Ri	URAL and give nearest town)
lled in 124 ha		HARLOR ROLL ME TO RELIGION OF THE PROPERTY OF	nospital, give street address)	d. STREET ADDICESS	Battle	e is residence on a farm? yes \ no \(\mathbb{Z}\)
that the death certificate be executed within 24 haurs after ian. by the attending payerian and completely filled in by the furtransit permit. Them becase remove carbon papers. Pages I cremation, ar removal, and in any event, within 72 hours after		NAME OF FIRST DECEASED (Type or print) TAMES	A10451045	SpR1995	4 DATE Mor OF 6 DEATH	I5 ₁₉ 66
d cample mave c	5.		MARRIED NEVER MARRIED 🔲 🛚	B DATE OF BIRTH I-16-1902	9 AGE (In years lost birthdox) VTs	Months Doys Hours Min.
tion and and and and and and and and and an	dug	USUAL OCCUPATION (G ve kurá of work done og most of working life even if retired)	10b. KIND DE BUSINESS DR Paint Shope	Ba1912	8 State or foreign country)	12 CITIZEN OF WHAT COUNTRY? 24.5 17
certificate b g provincian l'hemplease moval, and i	L	Henry Spriggs		14. MOTHER'S MAIDEN Elize Cr	umbwell	,
attending permit. The	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s. po, or unknown) (If yes give wor or dotes of serv	212-01-7865 M	nformant adaline Spr	Battleddiggs Edgwood	Md.
hat the n. yy the c ansit p		18 CAUSE OF DEATH (Enter only one couse pa PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Fuptand and	enys	m	INTERVAL BETWEEN ONSET AND DEATH
equires that the physician. signed by the burial-transit iburial, cremati		Conditions, if any, which gove (b) (b) rise to immediate couse (a),	Ocor	The Tho	racic	Inned
N: The law requires the or attending physician. The has been signed by r use as the burial-traneath priar to burial, cre		storing the underlying couse (c) _			AND CHIEF IN PART I	19 WAS AUTOPSY
YSICIAN: The law ratending aspital ar attending certificate has been thed far use as the pt. af Health priar to	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI 200 ACC DENT WAS UNDERLYING □	205. DESCRIBE HOW INJURY OCCURRED.			19 WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: e haspital ar his certificate stached for u Dept. of Hea		DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20: TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, form		(County) (State)
ING by th frer t frer t state	MEDICAL	Hour o.m. 19 21. I certify that (I) (this haspital	While of work of work of twork	ory, street, office bldg , etc.		/ S , 19 C C that (I) (we) la
L OR ATTENDIN be retained by DIRECTOR: After ge 3 shauld be iled with the Star		saw the deceased alive an	19 (- Cand that	t death accurred at	M, fram causes	s and an the date stated abave
be re be re DiRE ge 3		22c. PHYSICIANS ()	fullis M.	D. PHYS. DE 22d. ADDRESS	MED. STAFF DIRECTOR PHYS. [D 6/16/66
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the	230	NAME (Type) LICELE DE LE			23d LOCATION (City of T	own) (County) (State)
VR A15 (4)	24	REMOVAL (Specify) FUNERAL DIRECTOR FUNERAL DIRECTOR	ADDRESS	2So. REC		registrary signatury udge.
20 M 1/86	1 /	マイロイログ かしょ / ナノカ	HE BELDIN Y	VI PT DATE LA	AL 2 2 1966	1

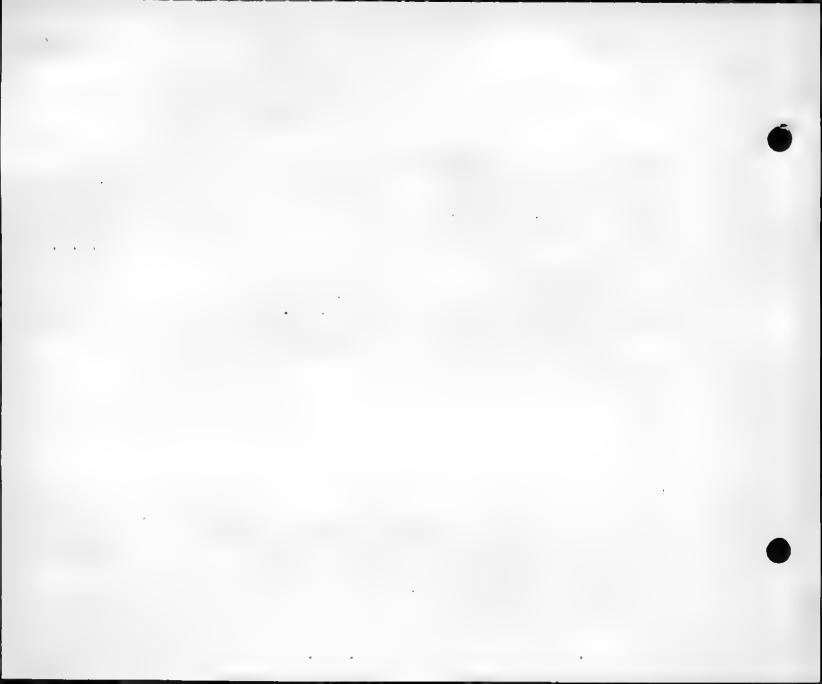


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending any main and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
(1854)5

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Harford MARYLAND	*. STATE Maryland b. COUNTY Harford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
Jarrettsville 54 years	Jarrettsville / /
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
	YES NO X
3. NAME DF DECEASED First EDWARD +/	Last 4. DATE Month Day Year DEATH JUNP 30 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	S DATE OF BIRTH I O ACE (In Marie LEUNDED 1 VEAD IE LINDED 2/ HDS
7. Walles Merci Walling	last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
Farmer (retired) Gen. farming 13. FATHER'S NAME	Baltimore, Maryland U.S.A.
Daniel Thomas	Belle Lynch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address 21141
(Yes, no, or unknown) (If yes give war or dates of service) No 219-20-5385 Ar	thur E. Slade Rocks, Maryland
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
1/22/ DUE TO ,	
Conditions, if any, which)	
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Viabete Mel	Cutus YES NO E
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEGIOUS CONTRIBUTING TO DEATH BUT NOT RELEGIOUS CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) B PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEGIOUS CONTRIBUTIONS CONTRIBUTIO	JRRED. (Enter nature of injury in Part 1 or Part !1 of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While at work at work at work	nry, street, omce blug., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1955, to 6/3e/6 619 that (I) (we) last
	t death occurred at AM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF (1/20/19//
22c. PAYSICIAN'S M.C	D. PHYS. DIRECTOR PHYS. 6/30/1966
NAME (Type) J.M. FRRIVCE	ARKTON, Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 7/3/1966 Jarrettsvi	
24. FUNERAL DIRECTOR ADDRESS	258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Charles E. Kurtz Jarrettsville,	Md. DATE JUL 5 1966 Icharles Judge



- -	1 M	MARYLAND STATE DEPARTMENT OF HEALTH OBJUSTION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN CERTIFICATE OF DEATH ()85()	8D
er death	e funeral 1 and 2 er death	PLACE OF DEATH a. COUNTY Harford MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before a. STATE b. COUNTY Harford MARYLAND	ore admission)
hours after		b. CITY OR TOWN (if outside corporate limits, write RURAL and give mearest town) Havre de Grace DOA Bel Air d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) b. CITY OR TOWN (if outside corporate limits, write RURAL and give meanest town) Bel Air	earest town) RESIDENCE N A FARM?
within 24	pletely fill carbon pap nt, within	Harford Memorial Hospital 921 Rock Spring Road YES NAME OF DECEASED (Type or print) George Washington Webster 921 Rock Spring Road YES 4. DATE Month DF DEATH June 9.	No 37 Year 19 66
death certificate be executed within	sician and completely lease remove carbon p and in any event, within	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years last birthday) Months Days House Divorced November 26, 1901 64yrs. Whate Wind te Widowed Divorced November 26, 1901 64yrs. USUAL OCCUPATION (Cive kind of work done in fretired) 10b. Kind of Business or industry Bookkeeper Food Harford County Md. 12 CITIZEN OF COUNTRY? Canning Food Harford County Md. 12 CITIZEN OF W. COUNTRY?	
certificate	attending physician rmit. Then please In, or removal, and in	FATHER'S NAME William J. W. Webster WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (W1fe) 838-7136 Address921 Reck 18. No., or unknown) ((If yes give war or dates of service)	Spring
aw remires that the deat	the hospital or attending physician. This certificate has been signed by the attent detached for use as the burial-transit permit. E Dept. of Health prior to burial, cremation, or recovery of the statement of t	Ne 216-05-7460 Mrs. Graes C. Webster Bel Air, Md. 2.	L BETWEEN AND DEATH
PHYSICIAN: THE law	pital or a ertificate id for use of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WA	AS AUTOPSY REFORMED? NO
	d by the hospi After this cer d be detached State Dept. o	20c. TIME OF INJURY Month, Day, Year Hour a.m. P.m. 19 While at work at work 20c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(State)
SPITAL OR ATTENDING	blrectors of age 3 should filed with the	21. I certify that (I) (this hospital) attended the deceased from	1966
TO HO	Page 4 mg	BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Suno 11, 1966 Mt. Tabor Meth. Com. FUNERAL DIRECTOR W. Broadway & Williams Bel Air, Maryland 21014 DAIN 10 1966 FUNERAL STARTS SIGNATURE CO., Maryland 21014 DAIN 10 1966	RE
	~ .	oseph William Foster	

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d 7 Corners y Contact distributed to the state of the Mills 1865 - State Judge